

THE AMERICAN JOURNAL OF NURSING

VOL. XV

FEBRUARY, 1915

No. 5

EDITORIAL COMMENT

THE IMMIGRATION BUREAU AND THE STATUS OF THE NURSE

In spite of the fact that recognition has been granted to the nursing profession in many directions, the attitude of the immigration bureau remains unchanged. Graduate nurses entering the country to fill positions in institutions or with associations devoted to social service are likely to be held up as violating the contract labor regulations. Our attention has been called to an instance of this kind in which a Canadian nurse, answering an advertisement seen in the JOURNAL by a friend, entered into an engagement with a state tuberculosis association to come for a month's trial in its service and was held up when crossing the border of the United States. She appealed to the immigration department at Washington which sustained the action of the immigration officer in detaining her and she was obliged to cancel her engagement.

Professional workers of all classes are exempt from contract labor restrictions. There was a time when immigration officials attempted to restrain pupils from entering the training schools of this country from Canada as coming under this same enactment but this was adjusted on the ground that such nurses were pupils coming into the country for education and were really students.

Graduate nurses have as a rule passed back and forth between the two countries freely without being interfered with but occasionally a case similar to this has come to our knowledge where a contract had been made definitely by correspondence.

We think the time has come when our three national organizations should take this matter up with the authorities at Washington and request that properly educated nurses shall be placed in the class of professional workers and not with contract laborers.

PROGRESS OF STATE REGISTRATION

The programme for state registration for this winter promises to be interesting. Six states have already reported their intentions to submit laws or amendments to their legislatures: Maine, Alabama and North Dakota being the new states coming into line; Massachusetts, Wisconsin and Nebraska having amendments under consideration for the improvement of the laws already in existence. At this writing the action to be taken by Connecticut and New York is undecided.

Three points which past experience shows to be vitally important in the administration of the laws for state registration are common to all: first, a board of examiners composed of nurses; second, the necessity of keeping intact for current expenses or future development of funds received from registration fees; and third, the absolute necessity of proper provision being made for the inspection of schools for nurses, with the right of regulating standards of preliminary preparation and of the curriculum.

No one state has yet passed an ideal law but some are much better than others. States coming into line for the first time should build upon the foundations of all that is best in all the states and not be satisfied to follow the lead of any one state or group of states whose standards are low. When we consider that thirty-nine states now have some kind of law in operation for the regulation of nursing, that these three new states coming into line will bring the number up to forty-two, if their laws are passed, and that there are only forty-nine states in the Union, it will be seen that there will be only seven states without such legislation and these are the ones without large nursing interests, with the exception of Ohio which is prevented from securing a satisfactory law by the peculiar restrictions of the constitution of the state.

With all the imperfections of these laws, the amount of legislation and the improvement in nursing education and professional status during these eleven years since the passing of the first law is phenomenal if one considers the slight progress that was evident for a number of years before that date and this whole legal structure is the result of the efforts of nurses themselves for the uplift of their own profession. With such a beginning as has been made the next ten years should be productive of still greater changes in the way of remedying defects in existing laws and of enforcing their administration.

THE IMPORTANCE OF TRAINING SCHOOL OFFICERS BEING FAMILIAR WITH THE REGISTRATION LAWS

As we progress in state registration it becomes absolutely necessary for every woman holding a teaching or executive position in a training school to be familiar with the laws of her state governing the same. There should be no uncertainty in the mind of any such official when conversing with prospective pupils or in advising students during their term of training or when the time approaches for them to go up for the state examination. Too many of our training school officers content themselves with the round of duty which the school and hospital call for, are not interested in any public work, local or state, and concern themselves little with the laws which have been passed or which are under consideration affecting the educational requirements of the school and the legal status of the nurse after graduation. Pupils naturally look to these officers for information and instruction in regard to such matters. It seems incomprehensible that any reputable school should admit to its classes students whose preliminary training prohibits them from going forward for the examination at the end of their training, but such we believe is the case in some institutions.

Every law for state registration that does not control training schools in this regard should be so amended that the recognition of the school carries with it the obligation to admit only such pupils as meet the educational requirements fixed by the law. Schools that in this enlightened age are following the old custom of considering only the amount of work they may obtain from the woman during her period of training should have their charters taken away from them, and it should be the business of the entire nursing body to see that women are not exploited in this way for the commercial advantage of the hospital.

AGE LIMIT IN THE RED CROSS

The action of the Red Cross in limiting the age for enrollment to forty years is not intended, we are sure, as a reflection upon the ability of the older women of our profession but simply means that the kind of hardship Red Cross nurses on active service must encounter demands for the nursing force, as for the army, persons who have not exhausted their strength by years of hard work and who need not be considered in the matter of endurance. The first object of Red Cross enrollment is to provide a staff for possible war service and for this two things are required of the nurse accepted, she must be absolutely obedient to orders and she must be ready to work under unusual and irregular conditions, meeting hardships which would not ordinarily occur in nursing work.

It is pleasant to know from a Buffalo exchange that the English Surgeon General at the Royal Naval Hospital, Haslar, a brusque man, chary of his words, characterized our Red Cross nurses who worked under him there as "quiet and efficient."

Anyone who has been a patient in a hospital, where she has had care from both graduate and pupil nurses, knows that there are most desirable qualities to be found in the older nurses which cannot be possessed by the younger one, because they are developed by time and experience. The older nurse does not follow orders as blindly but puts a different kind of intelligence and sympathy into her work. From her work outside the hospital she appreciates better the condition of the family and watches the matter of economy and waste. She enters more closely into the natural anxiety of the friends and to her the discomforts that attend the days following an operation are of importance, something to be alleviated by any means possible, not to be taken for granted as a necessary evil.

The most important executive positions in institutions and organizations are being held now, as in the past, by women who are near forty if not past it. They have made their mistakes, they have learned their lessons and can now guide others. We cannot yet spare our older nurses from our general nursing activities even though they are barred from the Red Cross Nursing Service. They will continue, as always, to carry the burden of leadership and educational progress and will remain the executive heads of our great institutions where experience and judgment count for more than physical endurance.

THE EXPOSITIONS IN CALIFORNIA

Private advices from San Francisco give the most enthusiastic and glowing description of the Fair which has already a daily attendance of 50,000 people. It is beautifully located and the color scheme is beyond anything that has been seen in this country.

San Diego nurses are urging those who do not travel in a party with a fixed route to include the southern exposition in their itinerary, which they can do without extra expense.

A MISLEADING ADVERTISEMENT

On page 15 of the advertising section of the January JOURNAL appeared an advertisement with the heading Official Nurses Train, offering certain accommodations for the journey to California. We want to explain to the members of the American Nurses' Association that this is not one of the trains in charge of the Transportation Com-

mittee of that association. Information in regard to these may be obtained, as we have stated several times, from Miss L. L. Dock, who is in charge of the route giving several interesting side trips, or from Mrs. C. V. Twiss, who is in charge of the more direct route. The tour which was advertised is not vouched for officially by the association but is an independent business proposition which claims to offer a very comfortable means of making the trip and attending the exposition.

IMPORTANT CHANGE IN DATE

At the conference of the executive committees of the three national organizations of nurses, held in New York in January, it was decided to change the date of the San Francisco meetings from May 30-June 5 to June 20-26, in order that our convention may be held at the same time as those of the American Medical Association and the American Hospital Association. It was felt that many nurses would be glad to attend some of the meetings of two or three of these bodies, that doctors' wives, who are nurses, would attend our convention who could not otherwise come and that the later date would make it possible for many to plan their vacations to include our meetings and a visit to the Exposition.

DEATH OF MISS JOHNSTONE

After closing our pages, word reached us of the death of Margaret M. Johnstone, superintendent of nurses at St. Luke's Hospital, Chicago. While not widely known the country over, Miss Johnstone was one of the great quiet forces that make for the best things in our profession. Her beautiful, cultured face and manner, her adherence to the highest ideals, her true interest in every pupil committed to her charge made her a great influence with all who knew her, and she will be most sincerely missed and mourned. A fuller notice of her work will appear in the March JOURNAL.

NEURASTHENIA

By EDWARD B. ANGELL, M.D.

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Neurasthenia is a very convenient expression to designate a rather large group of nervous disorders which cannot easily be classified under any other name. This term, made popular some fifty years ago by Dr. George M. Baird, a New York physician, has not lost in scope or application since his time. Indeed, within recent years, it has been applied rather loosely by the general practitioner to functional disturbances of the nervous system which elude a more specific designation and which seem to have as the dominant feature exhaustion of the nerves. In a more proper sense, however, the use of the term neurasthenia, nervous exhaustion or nervous prostration, should be limited to a group of cases not very common, since true exhaustion of the nervous system is in reality a rather rare malady. Inasmuch as the medical profession at large, however, makes use of the term neurasthenia in its looser sense, it will be necessary for the nurse to take a similar view.

Nervous exhaustion, as the phrase itself suggests, signifies a weakening of the nervous energy. It is characterized by the lowering of the general tone of the whole nervous organism. This is shown by an irritable weakness of the nerves, their over-readiness to react to sensory stimuli, or an inability to respond normally in motor energy. There is indeed a loss of the usual control which the individual commonly exercises over the impressions, sensations, ideation or motor reactions that make up his normal nervous activity. In truth, however, the real disturbance seems to be in the sphere of conscious feeling or in the personality of the individual. It is essentially a morbid condition of the brain, manifesting itself through the mind and the will of the sufferer.

It is true that there are catalogued several varieties of neurasthenia, such as cerebral, spinal, sexual, etc., but the essential feature of them all is this disturbance in the field of consciousness. The emotional and sensory spheres of the mind are directly affected, the lack of motor energy being largely due to this disturbance of emotional tone. It is not a mental disorder, the nature of the disturbance being rather one of weakness and lack of vigor than a clouded and perverted tone of the mind. In this respect, it differs definitely from hysteria, its

half-sister, inasmuch as the mental tone of the hysteric is not necessarily one of weakness but of perversion, while that of the neurasthenic is indicative of simple loss of power. The neurasthenic cannot *will*. The hysteric *will* not.

A clear understanding of this inability to will, is necessary in order not to maltreat the nervous patient. Many times it has been my task to re-establish a patient's self confidence, whose physician has told him "Get hold of yourself;" "You're just nervous;" "Don't think about it," or similar phrases of equal impotency. The inability to follow this good advice is the very reason he seeks aid. The patient is quite able to appreciate the unimportance and frivolous nature of his ideas, he may even realize that they are ideas only, and not facts but he cannot get away from their annoying character. In a word he cannot dominate them although they do not control him, as in the case of those who are unsound of mind, like the paranoiac.

Neurasthenia, therefore, is not in reality a disease. It is rather a morbid state of the nervous system, a neurosis, characterized by a loss of power, a weakening of the nervous energy and an undue irritability or increased reaction to impressions. It may originate in various ways, but back of the immediate causes of the disorder are predisposing conditions affecting the individual, due to heredity, education and environment. Curiously, not many patients are predisposed by a neuropathic heredity, that is, by the prevalence of organic nervous diseases in their ancestry. Indeed an hereditary history of organic nervous diseases should make us rather suspicious that the patient is suffering from some incipient psychosis or real organic disorder, rather than from nervous prostration. Among the far larger number we find a rheumatic or arthritic diathesis more common. Rheumatism and gout in our case histories are far more frequent as evidences of family tendencies.

Education undoubtedly plays an important part in developing the soil from which later springs a crop of neurasthenic symptoms. The spoiled child, the over-disciplined child alike, are evolving an emotional nature too readily attuned to disagreeable or distressing ideas. Not infrequently has the history of the nervous child disclosed the terror-striking tales of the nursery, as the predisposing cause of an unstable nervous equilibrium. Even during infancy, the attending nurse should be strictly cautioned lest she engraft a sense of fear in the sick child she may be caring for. This is doubly important, since febrile conditions increase the irritability of the nervous system, while the plastic mind of childhood is extremely impressionable.

Timidity, so often inculcated by an over-zealous mother, also, is

one of the early influences which later contributes its share to a neurasthenic diathesis. Without doubt the American child, oftentimes brought up without discipline, seldom acquiring any power of inhibition or self restraint until suddenly overwhelmed by some misfortune or grief, may be seriously handicapped through this development of emotional instability. The over-studious child, particularly, runs a great danger of developing a weak, nervous organization. The forcing process of ambitious mothers is very reprehensible and, at times, a later cause of disastrous breakdowns. The child, instead of being allowed to play out-of-doors like a young animal, has to practice music out of school hours, or study languages and soon acquires a disinclination to active muscular exertion, a need most important to the growing child. Certain races, such as the Hebrews and Slavs, whose history for a thousand years is one of persecution, cruelty and oppression, are peculiarly subject to this disorder.

Among immediate or direct causes are overwork, the strain of nursing a serious case of family illness, prolonged excitement, the shock and fright of railway accidents, excessive childbearing or prolonged lactation; while certain infectious diseases, such as influenza, or toxic states from alcohol, tobacco or the mineral poisons, play an important rôle.

More frequently than usually supposed, errors in nutrition or rather in metabolism have an important bearing upon the development of nervousness. Disorders of the gastro-intestinal tract, particularly of the upper intestine, the excessive use of proteids, a deficiency in the chemistry of elimination, have much to do with producing a toxemic state, which renders the predisposed much more susceptible to a nervous breakdown. Indeed, it is safe to say that about 75 per cent of the so-called neurasthenics come within this group. There is, indeed, the appearance of nervous weakness, an undue irritability of the nervous system, but it is apparent rather than real, the exhaustion is nowhere near so intense nor the irritability so pronounced. The nervous system is depressed or rather oppressed as by a poison, rather than exhausted. The correction of the disturbance in metabolism is speedily manifested in the improved mental tone, whereas the cure of a true neurasthenic is often a matter of months.

The essential symptom of neurasthenia manifests itself by an exaggeration of self-feeling, an undue introspection, an increase in body consciousness. The mental horizon is narrowed so far as external impressions are concerned and even limited, in the worst cases, almost exclusively to subjective feeling. As one patient well said: "The external world becomes dreamlike and unreal, the internal feelings very

real and the most important fact of existence." This limitation of the mental horizon is further shown by a mental lassitude, a weakening of the power of sustained attention; a lack of normal spontaneity and sprightliness and a loss of will power. Irritability, easy emotionalism, an over-readiness to introspection, with more or less headache and insomnia, make up the list of complaints. Many a patient insists she has lost her memory, a statement she fully believes, although most precise in the relation of the details of her unhappy existence.

The physical manifestations of neurasthenia are not very definite. Aside from the apparent muscular inefficiency, many of the patients appear to be in excellent health. The flushing of the face, so commonly present, produces a deceptive appearance of health which often misleads both nurse and physician, but a glance at the bloodless feet and a touch of the cold, nerveless hand betoken the vaso-motor disturbance so frequently seen in these cases. Indeed, circulatory disturbances are very common, making themselves manifest in too-free perspiration, excessive or rather frequent urination, fullness and heat in the head and coldness of the extremities. Indeed, this disturbance of the circulation is one of the most distressing symptoms to the mind of the patient. The heart itself is frequently disturbed in its rate, palpitation or rapid heart action being very common and easily produced by slight irritation. In the more severe cases marked pulsation of the arteries is noticeable, particularly of the abdominal aorta, this giving rise to apprehension, even on the part of the physician, of the existence of an aneurysm. Indeed the very sensitiveness of the sufferer makes her prey to a long train of annoying feelings. Even the normal functions of the body, digestion of food in the stomach, peristalsis of the intestines, the action of the bowels or micturition, become painful. Sensations which ordinarily are without conscious feeling become distressing to the highly wrought imagination. All the reflexes of the body, both deep and superficial, are increased, the nerves of the patient apparently being aquiver in their readiness to react. A tremor of the eyelids when closed, further shows the irritability of an unstable equilibrium. Pressure along the spine often develops points of exquisite tenderness. Indeed other locations show the same superficial irritability, firm pressure giving relief rather than pain and showing the paradoxical nature of this quasi-nervous irritability. It is needless, perhaps, to say that no real soreness or localized irritation, however slight, would show this reaction, deep pressure, of course, causing more pain than a mere touch.

Certain constitutional disorders, such as tuberculosis, carcinoma, chronic Bright's disease and the early stages of some mental disorders,

have many symptoms in common with neurasthenia. At times, indeed, it is almost impossible, even for the physician, to make a diagnosis. I have recently seen the claim made that nearly all cases of neurasthenia are due to incipient tuberculosis of some form. This, of course, is an exaggeration and yet the attending nurse should bear in mind the possibility of the graver disorder and be watchful for symptoms which her constant association with the patient might enable her to detect.

Hysteria, that half-sister of neurasthenia, has much in common. Usually, however, one can discriminate between the two, the nature of the nervous alteration being qualitative in the one, hysteria, and quantitative in the other, neurasthenia. In other words, in neurasthenia there is simple loss of energy, in hysteria a perverted action of the nervous system. The neurasthenic would, but cannot. The hysteric could, but will not. The neurasthenic can be influenced to neglect her symptoms; the hysteric can best be helped by systematic neglect or ignoring of them.

So far as regards the nature or essential cause of this disorder, investigation as yet has given us few results. That it is due to some alteration in the metabolism or constitution of the neuron or nerve cell is doubtless the case. Hodge's experiments of some few years ago showed marked changes in the granular substance of the neuron, as the direct result of excessive fatigue. Although this is not fully substantiated by later experiments, in a general way it may be said that alteration in the cell contents, as the result of induced fatigue, furnishes us a plausible ground for explaining the nervous phenomena of the neurasthenic. On the other hand, the toxic condition of the nervous system, due to wrong diet, excessive eating, immoderate indulgence in stimulants or tobacco, is doubtless the cause of many of the milder forms of nervous weakness. In my own experience, a very large proportion of this class of patients can be greatly improved, if not cured, by a proper diet and mode of living. The use of an over-large amount of proteids in the dietary, so common to the American, is without doubt the cause of a large number of nervous symptoms, neurasthenic in character.

In the treatment of neurasthenia from the nurse's point of view, the proper management involves two distinct objects; the one to secure the ultimate cure of the disorder, the other to relieve the constantly varying symptoms. In following out a definite course of treatment for the cure of the disorder, the nurse should thoroughly bear in mind the importance of adhering to the plan of treatment laid down by the physician. On the other hand, the duty of the nurse to the patient

requires that she know how to give relief to the distressing symptoms, such as headache, insomnia, neuralgia, etc., so constantly met with.

The systematic treatment of neurasthenia in the serious cases, follows a rather well established plan, which is a more or less modified form of the "Rest Cure," formulated by Dr. Weir Mitchell some years ago. The important features of this system are an absolute isolation of the patient, more or less absolute rest in bed, the employment of massage and electricity to alleviate the evil effects of the lack of muscular activity, and the use of an easily assimilated diet, with proper measures for elimination by the bowels and kidneys. The importance of isolation is not sufficiently recognized, yet it cannot be neglected. Prompt removal of the patient from his usual environment, from the ill-advised sympathy of family and friends, and the establishment of a regular routine, all are very important to the restoring of normal nervous function.

However, absolute rest in bed has its evils, and unless counteracted by proper measures, the circulation becomes sluggish and the patient does not gain the nervous tone, essential to well being. Therefore by the daily use of massage, electricity and Swedish movements, much can be done to improve the nutrition of the patient, as well as relieve the monotony of life in bed. In case of unstable circulation, indications of which are found in cold feet and hands, and a "full head" with flushed face, a prolonged warm bath is of distinct advantage.

The dietary of the patient is also important. It may be generous, for these patients are usually under weight, but the use of proteids and sugars should be restricted. Proteid food is rather rich in nitrogen, of which the nervous invalid requires little for daily need. Indeed, it is frequently the over-use of proteid food that causes nervousness, hence the need for rather marked restriction. The free use of ordinary sugars is a potent cause of gastro-intestinal disorders and does much to establish nervous irritability. The human economy unquestionably needs sugar, but it is grape sugar that is needed, and that is obtained from the conversion of starchy foods. Furthermore, the proteid waste material largely escapes from the body by way of the kidneys and it can easily be understood how an excessive use of proteids is likely to cause a toxic condition. The ordinary diet can be supplemented by milk, buttermilk, cocoa, skimmed milk, etc. When the patient's inclination does not enable her to take a sufficient food supply, milk is a very excellent adjuvant. In some cases in which it seems to disagree with the patient, modified milk, such as peptonised, aerated or milk mixed with bran, favors easier digestion.

In the prolonged treatment demanded by the rest cure, covering a period of two or three months, much will be demanded of the nurse in tact, forcefulness, gentle firmness, steadfast adherence to the objective goal, the cure of the disorder rather than mere relief of the symptoms. In her efforts to carry out the instructions of the physician, an assurance in ultimate success, steadfast courage in spite of apparent failure, an equanimity of temper to withstand the petty complaints and sufferings of her patient, are of the utmost importance in the aid the nurse extends to the physician. Above all she must be loyal to his every effort and not critical of orders, which she may not be able to understand.

For the relief of many of the distressing troubles of the neurasthenic, much can be done without interfering with the routine of treatment established by the physician. In insomnia nothing is better than the use of a prolonged warm bath at bed time. The patient is placed in a bath of a temperature of 95° to 100°, protected by a blanket and allowed to remain from thirty minutes to an hour. A bath thermometer should be used in order to insure a proper temperature. The bath should be warm enough to prevent the patient from feeling chilly, but should not be so warm as to produce marked perspiration. The effect of the warm bath is to draw the blood from the brain to the peripheral blood vessels, to quiet the action of the heart and to soothe the nervous system, all of which induce slumber. If the warm bath is not feasible, the hot pack may be substituted, given in accordance with the directions of the physician. The hot pack is somewhat less strenuous, although as a rule it is not quite as efficient. Furthermore, a hot foot bath is serviceable for insomnia, if neither of these other procedures can be used.

The headache, so common in neurasthenia, is usually quite readily relieved by a spinal ice bag. A long rubber bag reaching from the nape of the neck midway down the spine, filled with snow or cracked ice can be allowed to remain in position for an hour and usually serves the purpose. In some cases warmth applied to the upper part of the spine by means of a hot water bag does even better. So far as the neuralgia is concerned simple warmth frequently is efficacious. This is best secured by the use of warm cloths or a hot water bag with a flannel cloth intervening between it and the skin. It may be well to add the caution that in some cases it is necessary to avoid the use of too hot a water bag, lest the skin become blistered, or even a troublesome burn result, though this is more likely in organic nervous disease.

The phobias, morbid ideas and disagreeable sensations, the patient should be taught to disregard as far as possible. Making light of exaggerated fears, even to the extent of ridicule, does much to destroy

their influence. They never should be cultivated, as is often done by over-sympathetic attention. Nevertheless neurasthenia is a disorder of the nervous system and not a matter of the imagination. Disregard of the real complaints of the patient only inculcates a lack of confidence in both physician and nurse. A sympathetic appreciation of the difficulties, a courageous adherence to the line of treatment planned by the physician, a tactfulness more needed than in other diseases win success and earn a well merited gratitude.

WRONG IMPRESSIONS OF ARMY LIFE

BY MARGARET McCLOSKEY MURPHY, R.N.

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Since the publication, in the September, 1914, JOURNAL, of an article on "The Duties of an Army Nurse," many letters have reached me asking for further information on the subject. It is amusing, not to say ridiculous, to note the ideas which some civilian nurses have of army life. One says that she would not like living and sleeping in a tent the whole year around. Another says she had been informed that the army nurses do no actual nursing, that the patients, all being men, have male attendants who do the nursing and finally that the nurses' work is to dust and keep the wards in order. This nurse adds that she would consider her three years of training wasted in such a life. Another writes that she has been told that army nurses are most unhappy and that they scarcely ever complete their full term of service.

I feel it my duty to write this article in order to correct these wrong ideas of army life. The nurse need have no fear in entering the ranks. The nurses do not live in tents, at all. The army hospitals are large and modern in every respect and the actual nursing is no different from that in civilian life. For instance, the Army General Hospital in the Presidio of San Francisco has fourteen large wards and two operating rooms and everything that one would see in the most up-to-date civilian hospital. Of course, it is the nurses who do the nursing and they have no cleaning to do other than dusting and keeping the ward in neat order. The Corps-men do the cleaning; they are non-combatant soldiers and belong to the Hospital Corps which is an army organization in itself, but is not counted in the regular strength of the army. They perform such duties as are not expected of a woman when a man is in attendance. They all understand nursing work but do not do general nursing where there are nurses on duty. There are some wards that have no nurses assigned to them and there are also hundreds of post hospitals

which have not been able to secure nurses. In these places the Corpsmen do the nursing, for the patients must have care.

There are one hundred and fifty nurses in the army and that is a very small number when one considers that they are distributed all over the United States as well as in Hawaii and the Philippines. Therefore they cannot be in every ward.

In regard to the idea that army nurses do not complete the full term of their appointment civilian nurses are misinformed. The present Chief Nurse at the Walter Reed Hospital in Washington, D. C., has been at least fourteen years in the Service; Miss E. R——, who was in Fort Bayard, N. M., two years ago, was then in her fifteenth year and Mrs. M. B. H——, who resigned two years ago, had completed thirteen years of service in the army. By-the-way, the former and latter of these three nurses have been around the world and at Government expense, too. When they were assigned to duty in the Philippines, it was shortly after the Spanish-American War when the route across the Pacific was not yet discovered to be the shorter way. They sailed from New York, crossed the Atlantic, passed Gibraltar, thence by the Mediterranean through the Sues Canal, stopping at Cairo and so on until their destination was reached. Their term of service being completed, they came home across the Pacific, from Manila to San Francisco, thence across the continent to Washington, D. C., thus making a complete circle of the globe. But to continue, I could name at least a dozen nurses who have passed ten years in the army and as for those who are in their third term of appointment, that is to say, those who are completing a six years' service, they are so numerous that I could not begin to count them. Seeing that reappointment is entirely voluntary on the part of the nurse, the fact that she engages for a second and third term and so on, speaks for itself as to how well they are treated in the Army.

However, there is one class of nurse that does not get along and usually does not complete the service. In all hospitals, military and civil alike, there are some nurses who want a "good time" and who pay more attention to that than to their work. To them rules and regulations are always irksome and sooner or later they either resign or are asked to resign. A nurse who cares for her profession will obey the rules, will never neglect her work and will not make her name a by-word among the patients.

A nurse who intends remaining in the nursing world need not hesitate to take up army work. Beside the pleasant social side of the life, there is opportunity for saving money for a rainy day, as expenses are few and she can save the greater part of her salary.

THE CONQUEST OF CONTAGION

BY CHARLES FLOYD BURROWS, M.D.

*Syracuse, N. Y.**(Continued from page 370)*

In the conquest of contagion the first great victory was made in 1796 when Jenner discovered vaccination and so put the quietus on smallpox. With proper vaccination methods rigidly enforced, there is no more danger of it invading our midst now than there is of an attack from Mars. A second remarkable victory was made in 1890 when diphtheria antitoxin was made known. Its discovery was one of the most magnificent triumphs that medical research has ever accomplished and is the important measure today which serves to draw the venomous fangs and cripple the stealthy spread of a malady which from time immemorial has demanded an appalling sacrifice of life.

In the pre-antitoxin days, diphtheria angrily clutched the throat in an 85 or 90 per cent death-rate fashion. Since the antitoxin muzzle has been fitted to its jaws, its biting death-grip has sunk to 5 per cent or less and ought to be abolished entirely. It has been estimated that without antitoxin there would be in the United States over 64,000 deaths per year from diphtheria. By its use less than 15,000 actually occur. In our country alone this means an annual saving of 49,000 lives. If the laity could be educated to bring all sore throats, colds in the head and croups to the doctors; if all doctors could be educated, when such cases are presented to them, to use repeatedly if necessary proper culture methods, and if a city government could be educated to the necessity of furnishing more ample and better-paid medical school inspection, diphtheria could be practically abolished from any locality.

The third victory of considerable consequence was registered when vaccination against scarlet fever was instituted successfully. Observations in Russia, where the method was first extensively tried, proved its unquestioned value. Further observations by those who have used it in this country corroborate the Russian findings, so that now there is no excuse for not using or advising its use upon those who are exposed to scarlet fever. Its injection is safe and free from harm and produces no more systematic discomforts than do other vaccines. While the results obtained in preventing scarlatina by this means are not as successful as those obtained in diphtheria by antitoxin immunization, yet in our armamentarium along with typhoid and variola vaccines we must now place that of scarlet fever. It is pleasant to relate, there-

fore, that on account of this new agent the treacherous, lobster-colored exanthem which always lurks stealthily in our midst ready for a vicious attack has responded in a measure to health-taming processes and is now halter-broken to the extent that it takes its place in the municipal quarantine stable with the rest of the unruly animals, without so often kicking down its stall and escaping.

With the more accurate knowledge at hand of the seemingly hidden trails by which contagions march to their attack and with the armament of vaccines, antitoxins, and other defensive agents under command for repelling them, the optimist is liable to fly to extremes and maintain, as many do, that all communicable diseases could be completely abolished from the haunts of society if proper measures were vigorously pursued. But, unfortunately, so long as there is no race suicide in the ghettos and foreign quarters of our cities and so long as children go to school, I believe there will be contagious complaints. Youth and the mingling it brings during school days seems to increase susceptibility to infection more than to reading, 'riting and 'rithmetic.

Therefore, for these and other obvious reasons contagious disorders, to some extent at least, will probably always menace society, especially where humanity huddles itself into a city, despite all the clever refinements of preventive medicine and all the painstaking sanitary safeguards of public health. Consequently municipalities have wisely established special hospitals, organized boards of health and appointed official physicians to institute and supervise quarantine and sanitation. In each city pestilence is always present in the bud. Were it not for the watchfulness evinced and the resources provided by municipal health organizations for its prompt detection and management, it would blossom forth into wide-spread epidemics, which would stifle business, close schools and ultimately produce an alarming death-rate and economic loss. Therefore it behooves each city or municipality during a peaceful armistice, vigilantly to prepare its health-preserving equipment for war against the attacks of these easily-spreading diseases that a sudden invasion by them may be quickly and successfully repelled. Probably no public health establishment assists a municipality against such subtle foes better than does an appropriate, well-equipped and properly-conducted hospital; for it is there that extremely contagious cases can be conveyed, segregated and carefully quarantined. Without such a place they, perforce, would remain scattered foci of infection in hotels, lodging-houses and exposed quarters, thus spreading contagion rapidly and in far-reaching directions.

Perhaps along no other lines has the management of serious, contagious maladies like smallpox, diphtheria and scarlet fever been

changed and improved more than in the evolution and development of the modern hospital for their confinement. The typical old-fashioned "pest house" is passing nowadays. Less than five years ago, except in a few isolated instances, one could officially visit municipality after municipality the country over and the only established institutionary accommodations found for contagious sicknesses, if any were luckily discovered for inspection at all, were usually forlorn, dingy, spook-like buildings, set in a sequestered, tangled wilderness as remote from human habitations as conditions would permit. To such "pest sanatoriums," persons unfortunate enough to fall victims to smallpox or other severe contagions were removed stealthily at night in any open, rattle-trap conveyance obtainable and were dumped gingerly and expeditiously into a small box of a room containing uncomfortable, dirty beds, often made up on the damp floor, there to lie and "fight out their fitful fever." Helplessly confined in such a filthy, unhygienic environment, re-breathing the atmosphere of their hideous, ill-ventilated pen, cared for by incompetent, untrained guards or so-called nurses, antiseptically intoxicated in the blissful belief that whisky would prevent the pest, some pulled through, many others died. No wonder people fought against being sent to a pest-house, dreading its discomforts and the ignominy attached to it more than they feared the disease with which they were afflicted; no wonder such places fell into worse repute as resorts for the sick than the opprobrious "poor-house;" no wonder contagion flourished and epidemics prevailed when people, through fear of such infernos, were driven to keep secret their infectious afflictions.

Nor is this picture, this little keyhole glimpse of pest-houses which I have hastily given, overdrawn or exaggerated. Scores of similar ones or worse, exist today, scattered over the United States in the smaller cities, of which an examination or an incarceration within will serve to verify my statements; but they are disappearing slowly. In their stead up-to-date hospitals have been constructed or are being constructed by the larger cities and by some of the smaller ones also.

Of the latter, Syracuse probably out-distances all other sisters of her size and many, too, with a much larger population, in her hospital equipment for these diseases. Her citizens have become educated to appreciate the importance and to realize the value of the hospital and the useful rôle it fulfills. The hospital itself has been a powerful factor in giving this education to them. Several hundred patients go out from it each year with increased knowledge and interest concerning contagious conditions and their correct management. Their influence has been helpful throughout all sections of the city, especially in the

poor and foreign quarters where ignorance, indifference and carelessness oftenest prevail and is making continuously easier, therefore, the difficult task of controlling and combating these maladies. Within this institution we care for those common everyday pests, diphtheria and scarlet fever. Smallpox also finds a refuge here whenever it occurs in Syracuse, as it occasionally does.

When one has come into intimate contact with a large number of scarlatina cases and has observed their glaring eruption, often mahogany-hued, it is not difficult to understand why the disease inducing it was originally christened scarlet fever. No other type of illness but this as boldly flaunts in deep crimson color the red signal of danger! No other type of illness but this as mockingly writes across its flaring surface beneath the tracery of the finger its dreaded name! Probably no other common contagion presents to the health officials for the purpose of baffling their skill so many puzzling varieties, so many atypical phases and complications—complications, too, which often overshadow or mask the treacherous and tricky disease inducing them as does this scarlet scamp. There are no Bertillon records at hand, as in diphtheria, whereby its bacterial rogues can be properly recognized by the germ sleuth and its identity be unquestionably diagnosed. Furthermore, this wily ailment, not satisfied with being complex and bizarre, struggles lazily along in an unhurried fashion over a period of several weeks. When it is not flirting coquettishly with some susceptible affinity like diphtheria, measles, whooping cough or chicken-pox, which perchance may be languishing in its neighborhood, it tries, as a matter of subtle pleasantry, some new sleight-of-hand trick by juggling forth a mysterious symptom or an obscure variation. Despite the most watchful chaperonage this disease has ever been a terror, for like Barkis "it is always willin'."

When scarlatina patients reach the hospital, cultures are taken at once from the nose and throat. This procedure detects diphtheria if it exists. It is found that five per cent of all scarlet-fever cases are inoculated with it, usually in a quiescent pharyngeal or nasal form. During the twelve hours this growth incubates, the patients are kept in a detention-room by themselves. This ounce of prevention has saved several pounds of diphtheria antitoxin. After a hot bath they are put to bed and kept there for three weeks; then if their condition permits they are allowed to get up, dress and even be out-of-doors in fair weather, so availing themselves of the restorative properties of fresh air and sunshine. Only a trifling amount of medication is indulged in except in the severely malignant types, and a liquid or semi-

liquid diet, with small, infrequent allowances of eggs and meat in the convalescent stage, is permitted. Enlargement of the lymphatic glands, "gatherings" of pus in the ears, acute inflammation of the kidneys, disturbances of the heart and pneumonia, those dangerous complications which, like storms, are prone to arise suddenly during the course of this illness, are watched for scrutinously and often are nipped in the bud successfully. When the disease has run its course and no vestige of peeling can be found on the epidermal layers of the skin, on the palms of the hands and the soles of the feet, where it tends to persist longest, their clothes are fumigated overnight, an antiseptic bath and shampoo given and the happy, germ-free individual is set at liberty to rejoin welcoming family and friends. This period of compulsory retreat from worldly pleasure averages six weeks.

Taking care of diphtheria is a different problem for it is a disease which, if not disarmed immediately, shoots to kill. Compared with typhoid fever the rapidity of its progress toward a fatality is as the speed of a twentieth century limited to that of a freight train. Many victims die of it before it is fully comprehended that they are dangerously sick. Procrastination in regard to diagnosis and treatment often means disaster. A physician, though he be equipped with all the technical knowledge there is pertaining to diphtheria, who is dilatory and careless in culture methods or who utilizes antitoxin in a faint-hearted fashion, will be brought face to face with the embarrassing necessity of filing a certificate with the Registrar of Vital Statistics unpleasantly often.

For eight years I have been in almost daily contact with diphtheria. At the City Hospital, where all types of it from mild to moribound are received, I have seen it, alas too often, in its most malignant forms. In some cases it has fiendishly attacked the larynx and choked its victim to a hideous death. In others it has spread its lethal membrane across the tissues of the throat and rapidly injected its toxic poison into the system, serpent-like, until paralysis of the heart ensued. Nevertheless, despite all the harrowing and unpleasant features which my recollection is able to visualize regarding this illness, if I were asked tonight which disease among the great list that "flesh is heir to" I, as a physician, would rather doctor, I would unhesitatingly answer diphtheria.

In the first place diphtheria is the one disease which has an infallible remedy for its prevention and cure, if used intelligently and immediately. Furthermore the diagnosis of it ordinarily is rendered easily and quickly by the bacteriologist, thus eliminating uncertainty and speculation. Of all the serious contagions it becomes the least con-

tagious if proper preventive precautions are vigorously instituted. It is the safest infection to work about or nurse for it does not disseminate contagion in all directions as the sun gives off light or radium its energy, as the squeamish often fear and believe. If suitably treated with antitoxin early, the malady has few complications and recovery is speedy. Even neglected and aggravated cases are usually predominantly diphtheria rather than overshadowing mixtures of complicated affliction. If proper quarantine, culture methods and antitoxin dosage are prescribed there is no outbreak or epidemic of it in orphan asylums, schools, hospitals or homes that cannot be quickly and thoroughly overcome. Hence, when the ambulance delivers a patient at the hospital undergoing the direful onslaught of this malady, immediately, thereafter, a sufficient injection of serum is syringed under the skin. This process is repeated at intervals until temperature and pulse are normal and the disgusting membrane in the throat is entirely cleared out. A little medicine is administered but antitoxin is the antidote, the sheet-anchor held to. For laryngeal diphtheria, intubation tools or tracheotomy instruments, as the needs of a case may be, are always at hand to use in attempting immediate relief. Fortunately if a case be not too fulminating or has not been neglected too long, antitoxin forestalls the necessity for resorting to these serious alternatives. After about ten days, those who progress favorably are allowed up and out-of-doors. At the end of two weeks, cultures are made to determine if the diphtheria bacilli have decamped from the affected tissues. After two consecutive ones have been found free of these intruders, a patient is disinfected similarly to one who has recovered from scarlet fever and allowed to return home under the care of a physician.

Before an audience whose educational influence in health matters radiates so widely and helpfully among the homes and hospitals of this state, I cannot pass this point without expressing my carefully calculated valuation of antitoxin. In the last eight years I have given, or have had given under my direction, over two billion units of it. I have taken it myself in the dose I recommend for others. I have given it to infants a few days old, to the aged and infirm, to those suffering from complicating maladies or convalescing from serious surgical operations, to some where grave kidney diseases were rampant, to the pregnant woman, to individuals where diphtheria was a mistaken diagnosis and in innumerable instances to well persons for purposes of immunization, and never yet have I seen a dangerous symptom, a single serious after-effect or a fatality result from its intelligent use. I want emphatically to state here tonight that antitoxin, when I have used it wisely and in sufficient dosage, never has failed yet, if it has

had a fair fighting chance, to show its inestimable value. As well try to convince a fireman that water won't put out a fire as to show me that antitoxin does not cure diphtheria.

Smallpox is cared for along the same lines as scarlatina or other eruptive skin affections, except that it is quarantined more strictly, if that be possible. Cleanliness, fresh air and sanitation make its discomforts less annoying, its contagion less virulent; while rest, careful feeding and attentive nursing modify its attack, so that after six weeks most sufferers leave less scarred than scared from their experience.

In enumerating and considering the means whereby victory has been won and is now maintained in the conquest of contagion, the work of the trained nurse is an asset of prime importance. On the smokeless firing line of pestilence, amid the unavoidable dangers which lurk in such an environment, she is always found, just as you find her today near the battlefields and in the military hospitals of stricken Europe, doing her duty in a quiet, unnoticed way without applause, while sacrificing most of the ordinary pleasures which afford other people happiness in a busy, workaday world. In the rôle of the visiting school nurse or at the bedside of the malignantly sick, where every breath and each task is carried on in an atmosphere filled with invisible, bacterial shrapnel, she is alert, resourceful, untiring in her efforts to counteract the inroads of disease. At any moment she may be attacked with diphtheria, scarlet fever or smallpox and becoming dangerously ill, as many have, even die as I have seen them do; yet never once have I known one to shrink or shirk in promptly giving skilful, tender care to any case, even the most malignantly infectious, whenever an emergency has summoned her to battle desperately for a life. Therefore tonight I esteem it a rare honor to have had this privilege of addressing these cursory remarks on contagion to so representative a body of trained and helpful women.

THE PUBLIC HEALTH NURSE IN INDUSTRY¹

By FANNIE KERSNER, R.N.

Rochester, N. Y.

In considering the problems which an industrial nurse has to face one must remember that the nurse in industry has a comparatively new field before her. Very little precedent has been established in this line of work. It is, therefore, necessary for the industrial nurse of the pres-

¹ Read at a meeting of the Alumnae Association of the Rochester Homeopathic Hospital, August, 1914.

ent period to help blaze the trail for the general public health nurse of the future.

One will hardly find two industrial nurses who have the same work to do. The up-to-date employer is usually broad-minded and able to see that contented workmen mean better work. He is willing to do what he can to better the condition of his employees if not at too great a sacrifice. However, he is ignorant of what method to pursue in accomplishing this end, so he calls in the industrial nurse to help him carry on this so-called welfare work. One nurse may be employed by a large corporation with immense wealth and a complete service department; her work here will be limited. Another nurse may be employed by a firm with limited means but giving her a free hand to carry on her work as she sees best. There is the employer who uses his service worker as an advertisement or as a part of the well-oiled machinery to secure greater material gain. Another nurse may work for the philanthropic employer who has the general welfare of his employees at heart and thinks of them, not as the mere instruments of his gain, but as co-partners in his daily work. Here the industrial nurse will find her widest field for labor. Wherever she is placed, whatever line of work she is called upon to do, the industrial service worker must acquaint herself with her own particular surroundings. The different kinds of work; the kind of labor needed and the kind used; the laborer's environment and his pay. She must learn both the requirements of employer and employee and the best way to meet them.

She will find that her greatest problem will be how best to carry herself so as to form a perfect stepping stone between employer and employee without either one necessarily being aware of her efforts in this direction. She must learn to acquire infinite tact and wisdom; to be fair in her judgments; to make every allowance for her weaker brother or sister; to so love humanity that she may help, in this day of industrial strife to break down the barriers between capital and labor and bring employer and employee into a closer and more human relationship.

I may be over-enthusiastic, but, from my own experience, I feel that to one entering this field of labor there is given a wonderful amount of power for the finest kind of public service. She who enters such a field may look for but little thanks or gratitude; her disappointments will be many, her labor hard, but her reward must be in the thought that she is helping to educate a future generation to a knowledge of a finer sense of public responsibility.

The question is asked, "What are some of the problems the industrial nurse meets in her daily rounds?" I can only say every problem

with which the present generation is struggling comes before the industrial nurse. In her own particular line of work she will find innumerable problems, first, the teaching of sanitation and hygiene along with the most elementary principles of physiology. There is the great problem of tuberculosis and other contagious diseases to which the industrial worker is so often a prey. She will meet syphilis and gonorrhoea with a whole train of loathsome accessories, such as vice and immorality. She will come in contact with every kind of medical, surgical, mental and industrial disease. She must teach the value of prophylactic dentistry. Industrial workers generally feel that doctors and dentists are their greatest foes and are to be avoided as much as possible. It is quite a problem to overcome this fear. She will meet all the diseases of children. In an effort to dispel the degenerate outlook on the question of motherhood sometimes found, she will have to do some pre-natal and infant welfare work. She will meet with the drug fiend and the poor dupe of the patent medicine habit, the medical quack and the incompetent mid-wife. Indeed, where the nurse daily comes in contact with both sexes of all ages between fourteen and seventy, of every nationality, the hard workers, the shiftless and the useless, the poor, the middle class and the rich, those struggling in the battle between old-world ignorance and new-world knowledge, you can see with what medical problems she will probably have to cope.

The industrial nurse will meet each day that much-mooted question of the proper handling of sex hygiene knowledge and she will not be able to pass it by. The question of how best to handle those in need of charity she will often be called upon to answer. For it is the industrial worker who so frequently is the recipient of charity when his last dollar has been expended through sickness, lack of work or death. It is here the industrial nurse will come in contact with the harm worked by the usurious loan shark. Juvenile labor and the place her own sex holds in industry must also meet her eye. She must familiarize herself with the laws of her state on these important questions, in fact with all laws pertaining to industry and industrial workers.

Of employment and non-employment she will see a great deal. Here there will be many questions for her to settle in her own mind and in the minds of others. She must meet the problem of immigration with its attendant good and evil, for it is the immigrant who is doing most of the hard labor in modern industry. She will surely come in contact with the great liquor problem, sometimes in the chief wage earner of the family, often in its resultant effects on the innocent offspring, mental deficiency and hopeless deformity. The handling of the problem of recreation for the industrial worker and how much industry can do for him in this respect, is no mean one.

These are but few of the problems before the industrial nurse. In fact I know of no up-to-date or old-world problem that the industrial nurse, as a servant of the public, will not be called upon to face. Her method of meeting these problems must be to treat each individual case as a human being in need of help. She must learn to call in all the aid modern society offers her in its efforts of regeneration. She may make many mistakes, but there need be no absolute failures, for if she can do nothing else, love and sympathy, with a fine understanding of our common brotherhood, go a long way toward alleviating society's wrongs and solving life's weary problems.

This may give the impression that the work of the industrial nurse is made up of hardships and the solving of difficult problems but in meeting the problems of humanity, one comes in contact with human beings who are full of joy as well as sorrow; the nurse makes friendships and sees wonderful dreams come true and often finds her efforts rewarded. The difficult problems will often be easily solved and there is considerable pleasure and joy in solving them. The pleasure one finds in helping these hard-pressed workers to come into their own, well repays one for the effort she has put forth.

THE ADMINISTRATION OF MEDICINES

By A. S. BLUMGARTEN, M.D.

Lecturer to the Training School, German Hospital, New York; author of "Materia Medica for Nurses," etc.

(Continued from page 290)

Dissociating Power of Various Drugs. The degree with which any drug will dissociate into its ions, even in water, varies with the complexity of its chemical structure. Thus, the rather simply constructed inorganic substances dissociate more rapidly into their ions than the more complex organic substances. For example, magnesium sulphate dissociates more rapidly than phenacetine or any of the other coal tar drugs.

DISSOCIATION AND ABSORPTION

From the foregoing discussion we have seen that medicines, when given in fluids or when dissolved in the gastric or intestinal juices, become dissociated into ions. This fact has important bearings upon the absorption of the remedy and upon its subsequent effects after it enters the blood stream.

(1) Dissociation of a remedy separates it into its ions, which are simpler chemical substances, more readily soluble in the body fluids and much more readily absorbed.

(2) Remedies which exist in the ionic state are capable of producing the maximum amount of chemical action and therefore the greatest pharmacological effect.

(3) Dissociation of a remedy into its ions separates the active from the inactive part.

THE CHOICE OF THE METHOD OF ADMINISTRATION

When giving any remedy by mouth, whether it comes in the form of a fluid, tablet, capsule or pill, the way in which it should be given will depend on whether we desire a general effect or merely a local one on the gastro-intestinal tract.

(1) *To Obtain a General Effect.* For a general effect the following points should be considered.

(a) How soon do we desire the effect?

(b) In what fluid shall we give it?

Both of these questions are dependent on one another.

As a general rule we may say that for a rapid effect a fluid should be given in a large amount of water, as in this fluid a drug will dissociate most rapidly. For a slow, more gradual effect, as in giving potassium iodide, the drug should be given in some fluid such as wine, syrup or milk where very slow dissociation takes place.

Drugs that in themselves are injurious (irritating) to the tissues should be given in a fluid like milk or some other albuminous fluid. The irritating action is usually due to a chemical combination of the drug with albumins of the cells. By giving such a drug in milk it will combine with the albumins of the milk and thereby lessen the irritation when it comes in contact with the tissue cells, since it is already combined with albumins.

(2) *To Obtain Local Effects.* For local effects on the gastro-intestinal tract, absorption and dissociation of the remedy is to be avoided. This can be attained by giving the drug in solid form or in a fluid like acacia where very little dissociation takes place.

TASTE

Taste is a very important factor from the patient's standpoint. Many remedies have a very unpleasant taste which must be disguised or overcome before the patient will take the remedy. A patient may dislike a taste because it is bitter or because it is unpleasant. The

bitter taste is often necessary to produce the effect, as in remedies given to increase the appetite.

The bitter taste can often be lessened by giving the remedy in a large quantity of fluid, thus also enhancing the efficiency of the drug. It may also be disguised by giving it in syrup or in wine. Unpleasant tasting remedies can be disguised by giving them in syrup, in wine, or in some special way which will be described under the particular group of drugs.

TIME OF ADMINISTRATION

With most remedies the time of administration is not as important as most patients imagine. However, remedies which increase the secretion of digestive juices or which aid the appetite should be given before meals.

Remedies which are given to neutralize digestive juices when they are present in excess should be given after meals.

Remedies for rapid absorption should better be given after meals, because there is usually more absorption taking place at that time.

Remedies which are irritating to the tissues should be given after meals, as these remedies can then combine readily with the albuminous food which is present in the stomach after meals and thereby lessen the irritation.

OTHER FACTORS INFLUENCING ADMINISTRATION

Pregnancy. In pregnancy potent drugs should be avoided as they may be injurious to the fetus. Drugs which are apt to increase uterine contractions should also be avoided as these may induce abortion.

Lactation. During lactation potent drugs which are apt to affect the child by being excreted in the milk, and those which may lessen the secretion of the milk, are to be avoided.

Administration to Children. Medicines when given to children should preferably be given in fluid form, and unpleasant tasting remedies should be thoroughly disguised. Pills, tablets or capsules are to be avoided in children since they are apt to chew them before swallowing.

The foregoing principles form the basis upon which the method of administration of any remedy should depend. Some of these methods have been used empirically for many years in many institutions. There are, however, certain modifications in the detail of administering many remedies due to individual chemical or physical peculiarities. We shall therefore, consider the administration of various remedies in the following order, which is based upon the simplicity of their chemical

structure. We shall consider the simpler chemical substances first as they present fewer problems:

- The administration of acids.
- The administration of alkalis.
- The administration of inorganic salts.
- The administration of metals and their compounds.
- The administration of alkaloids
- The administration of glucosides.
- The administration of galenicals.
- The administration of hypnotics.
- The administration of coal tar products.
- The administration of oils.
- The administration of hydrocarbons.

THE ADMINISTRATION OF ACIDS

Acids are of two kinds: inorganic and organic. They are usually given to produce one of the following effects:

(1) To increase the amount of acid in the stomach when the hydrochloric acid of the stomach is diminished. The acid will then aid the pepsin in the digestion of the proteid food in the stomach.

(2) To lessen thirst. For this effect the organic acids such as those contained in various fruit juices such as lemonade, grape juice, orange juice, etc., are used.

All the acids in strong solutions are very injurious to the tissues with which they come in contact. The acids should, therefore, be given in very dilute solutions. Acids are also injurious to the teeth since they destroy the enamel.

Since the object of giving dilute acids is to take the place of the absent acid in the stomach, the best way to administer them is to let the patient sip a large quantity of water containing some dilute acid, through a glass tube. In this way the acid is distributed over a large area of the stomach but in small quantities at a time, thus imitating the normal secretion of acid in the stomach. Moreover, the contact of the acid with the teeth is thus avoided.

When pepsin and proteid food are present in the stomach, the acid and the pepsin act on the food and digest it. When, however, there is no food in the stomach the acid becomes dissociated into its ions; that is, into the hydrogen cation and the chlorine or sulphate anion. These ions are then absorbed and the chlorine and the sulphate anions slightly increase the flow of urine as they are excreted through the kidneys.

(To be continued)

IMPROVISING

I

HELPS FOR TUB BATHS

BY IDA J. ANDERSON, R.N., *Rochester, N. Y.*

When giving a prolonged tub bath to a helpless patient or to a patient who must exercise arms and legs under water for a specified interval, I found that the needed support could be given by folding a sheet and tying it slackly around the tub for a headrest; to support the shoulders and prevent the head from slipping a pair of stockings may be stuffed with absorbent cotton, the toes pinned together and fastened to the middle of the head rest, then brought around under the arms and pinned together over the chest. There is enough elasticity in this support to allow the patient to move the arms and legs freely and comfortably and not fear slipping into the water while the nurse is busy controlling the temperature of the bath.

When in the country where there were no modern conveniences, with a child who had infantile paralysis, I found that much work was saved in giving the oft-repeated baths by using a portable bath tub which could be wheeled out on the porch and emptied. In treating this case hot cocoa oil rubs after hot sponge baths were given both morning and afternoon with an alcohol rub at bed time. Two electrical treatments were also given for the spine, arms, legs and feet, each day and four intervals of exercise while lying on the back in bed. After a week a specialist was called in consultation and he ordered saline baths for twenty minutes morning and afternoon. It was wonderful to note how rapidly the normal use of the paralysed parts returned. The other baths, rubs and electrical treatments were kept up. In two weeks' time the child was able to creep in bed, using both hands and feet, and in a much shorter time than anyone could hope for, she made a good recovery.

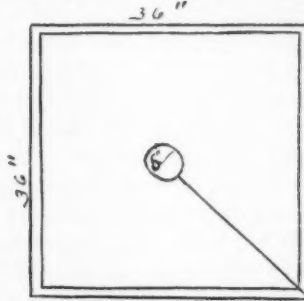
II

A SIMPLE EXAMINING CAPE

BY H. R. GROFF, *Howell, Mich.*

Thinking that someone may profit by this invention, I am sending the diagram for an examining cape which we find most convenient and practical for use in our chest examinations. It is made either of flannel or muslin: the latter in warm weather and the flannel in cold

weather. It is thirty-six inches square. The hem may be any width, the flannel needing at least a two-inch hem. The neck and the diagonal are cut and bound with tape. The diameter of the neck is five inches.



III

A USE FOR A DISCARDED CATHETER

By AGNES NEWBOLD, Peoria, Ill.

While on a recent case I discovered that a small rubber catheter, marked in inches and slipped inside a glass drinking tube to hold it firm, was quite a help in determining whether or not the solution was flowing from the ordinary can used during a bladder irrigation. It was sterilized with the can.

SOME MISCONCEPTIONS CONCERNING BLINDNESS IN THE NEW-BORN

By CAROLYN CONANT VAN BLARCOM, R.N.

Secretary, National Committee for the Prevention of Blindness, New York, N. Y.

The work for the prevention of unnecessary blindness is one of the most recent developments of preventive medicine or the general movement to conserve life and health. In common with other phases of public health work, it has been necessary first to study the extent and various causes of unnecessary blindness, and then to conduct a vigorous educational campaign in order that the public at large might know something of these causes and the measures which may be adopted to avert them.

It seems to be quite generally understood that much blindness is preventable, to be accurate, about 50 per cent, and of the various preventable causes, ophthalmia neonatorum, or babies' sore eyes, is the most prolific.

Although organized work for the prevention of blindness is recent, the pathos and horror of infantile blindness has stirred medical men to action since the earliest days of medicine. There seems to have been a

realization that something was present in babies' sore eyes capable of setting up inflammation and causing blindness, which could and should be removed or destroyed. This may explain why the ancients dropped oil in the eyes of their infants.

More than a hundred years ago, in 1807, Benjamin Gibson, an Englishman, made very sound recommendations for the prevention of blindness, advising that every child's eyes be washed immediately after birth with, as he expressed it, "a liquid calculated to remove the offending matter or to prevent its noxious action." There are many references of a similar nature to be found in medical literature, but in 1881 Professor Credé, a Leipsic obstetrician, made the most valuable contribution to this subject which had thus far been offered. Briefly, he advised that every child's eyes should be carefully wiped from the nose outward, immediately after birth and that a drop of a two per cent solution of silver nitrate should be put into each eye. As a result of this treatment, Professor Credé reduced the occurrence of sore eyes among the babies in his maternity hospital from about one in every ten cases to one in every four hundred. In addition to this preventive treatment, patients were watched for any signs of inflammation of the eyes, such as redness, swelling or discharge, at any time within the first two or three weeks.

It is on these two measures, that is, the routine use of a prophylactic, preferably some one of the silver salts, in every infant's eyes immediately after birth, and close vigilance for symptoms of inflammation in order that prompt and skillful treatment may be given, that we rest the entire movement for the safeguarding of the eyes of the new-born.

Almost invariably, children who lose their sight as a result of infant ophthalmia are born into the world with normal, healthy eyes. Some time within the first two weeks, the eyes become infected, look red and swollen, discharge yellow pus, and finally the sight is lost. Many of these children go through life in utter darkness, although the eye itself is unharmed except for the cornea which is scarred, shutting out the light much as a shutter or blind darkens a room.

So far as we are able to estimate, about a quarter of all the children in the schools for the blind throughout this country and Canada are blind because of this eye disease, incurred during infancy, and about 10 per cent of the total blindness in the United States is due to this cause. Thus, there are about 10,000 persons in this country who are blind because their eyes were neglected during infancy and they might have vision today had prophylaxis and vigilance been exercised in the beginning. Quite evidently, there have been some doctors and some midwives who have failed to do their known duty.

It has seemed wise to extend not only educational work among the medical profession and among nurses and mid-wives, but to inform the lay public of the importance of having every child's eyes treated as a routine, and subsequently, should symptoms of ophthalmia neonatorum develop, to have that baby's eyes treated without any regard to race, color, creed or social status.

Like other infectious diseases, for sore eyes in babies is recognized as an infectious disease, the trouble is due to some kind of a germ or infecting organism. But, as is apt to be the case when scientific knowledge is popularized, certain misconceptions have gained currency regarding the cause of infantile blindness. Some of these misconceptions are harmless, while others probably defeat the very ends for which the movement was started. One of the more serious misunderstandings concerning the cause of infantile blindness is the subject of this paper.

It happens that there are several organisms which may produce inflammation in children's eyes, the one most frequently found being the gonococcus, while the streptococcus, pneumococcus, Koch-Weeks bacillus, Klebs-Lefler bacillus, etc., bring up the rear. There was an early impression that the gonococcus was the sole cause of inflammation of the eyes of the new-born and unhappily that impression has become very widespread among the lay public. I say unhappily because, as one can readily understand, if people at large believe that babies' sore eyes result only from gonorrhoea, many mothers will object or refuse to have preventive drops instilled into their children's eyes, because of their belief that there is no gonorrhoea present. Or they may object to this preventive treatment, fearing that it will be taken as an acknowledgment that there is known to be gonorrhoea in the family.

Again, if it is generally believed that only gonorrhoea causes blindness, the parents of a child whose eyes become red and swollen during the first few days of life, will quite reasonably underestimate the value of prompt treatment, if they feel sure that the child's malady is not of gonorrhoeal origin. For blindness may follow a pneumococcal infection and early treatment is just as necessary, as in the case of a gonorrhoeal infection. A few days ago I saw a baby at the Manhattan Eye, Ear and Throat Hospital, who had lost an eye as the result of a streptococcus infection, while the sight in the other eye had only been saved after persistent and careful treatment.

The following paragraph, taken from a recent number of the *Journal of the American Medical Association*, is pertinent here:

Stevenson (of Ohio) considers it advisable in the present stage of work for the prevention of blindness from babies' sore eyes, that the old idea among the public that it is always or nearly always gonorrhoeal in its origin, should be cor-

rected. He urges that the laity should be taught the plain facts, that while a certain small percentage of cases of babies' sore eyes are caused by the gonococcus the large majority of the cases are produced by the various ordinary forms of pus-producing germs which are likely to be found in any mother; and that the presence of babies' sore eyes does not necessarily imply any guilt or wrong on the part of either parent. So long as the disease is thought to be purely gonorrhoeal in its origin, there will be associated with its treatment and attempts at its prevention, a great deal of unnecessary embarrassment to the family and the physician. If such a belief is prevalent the physician will naturally be afraid, in many families, to suggest the use of prophylaxis, fearing that it will be considered a reflection on the character of the mother or father; parents also would be afraid to suggest, let alone insist on, the use of a prophylaxis. As a not necessarily gonorrhoeal disease, its public discussion will be much easier, it will receive more respectful attention, and will not be considered a part of the present almost hysteric propaganda with regard to sex hygiene and other subjects that are sometimes too freely discussed.

If we are to have every baby's eyes given preventive treatment as a routine and remedial treatment when necessary, we must disabuse the public of the idea that infantile ophthalmia is a disgrace.

Information concerning the proportion of cases in which the gonococcus is the exciting cause is meagre. But there has been enough published during the past seven or eight years to warrant our taking a pretty definite stand. Sydney Stephenson, an eminent English ophthalmologist, published in 1907 a monograph on *Ophthalmia Neonatorum*, in which he offers more data in this connection than has been contributed by any other one person up to this time. He opens his masterly work by saying, "*Ophthalmia neonatorum* may be defined as an inflammatory disease of the conjunctiva, usually appearing within the first few days of life, and generally due to the action of micro-organisms." This is the definition of a scientific man and it should be noted that he does not say that *ophthalmia neonatorum* is any specific infection, but defines it in the general term, "*inflammatory disease of the conjunctiva.*" Reading further in Sydney Stephenson's book, we find that he estimates that gonorrhoea is the cause of about 65 per cent of all cases of *ophthalmia neonatorum* and he bases his estimate upon a study of some 1,600 cases. In a series of cases reported to the New York City Department of Health during three years, we find that the gonococcus was demonstrated in 51.55 per cent.

Of 712 cases reported to the Boston City Department of Health in 1914, the gonococcus was found in but 37. It is probable that among the remaining 675 there were many cases of catarrhal conjunctivitis.

On the other hand, Miss Helen Keller, writing on the same subject and, I am sure, writing in all sincerity, says, "*Ophthalmia neonatorum* is a venereal infection. Of the 100,000 blind people in this country, at

least 25 per cent have lost their sight through this infection." Dr. Stephenson's writings reach but a comparatively small group, members of which do not need enlightenment, but such utterances as Miss Keller's reach a far greater number of persons. It therefore seems most important that this matter should be clearly understood for in view of the information that we have, it is manifestly unfair to stigmatize in general, parents of babies with sore eyes.

During the Child Welfare Exhibit held at the Armory a couple of years ago, I contributed a very appealing picture of a little blind girl who had lost her sight as a result of infant ophthalmia. I have no idea what kind of an organism caused that child's blindness. All that I could reasonably assume was that someone had been careless, and that was the message that I meant that picture to convey. Through some misunderstanding the picture was labelled as a child who was blind for life because of the "sins of the fathers" etc. The picture was seen by thousands of persons and attracted a great deal of attention. Had any of the child's family seen it, we might have found ourselves involved in serious difficulties. If, on the other hand, it was only recognized by friends of the child's family, we can readily imagine the unenviable position in which the parents found themselves. And the chances are one to two that the stigma was undeserved.

The stamping out of venereal disease will unquestionably do a great deal toward the prevention of more than one kind of blindness but in the meantime it is only fair that the question of babies' sore eyes should be handled impartially, first, to make it understood that the disease does not necessarily have any disgrace attached to it, and more important, to publish widely the fact that any child in any walk of life may have sore eyes and go blind as a result. From the practical point of view of prevention, it does not matter much what the organism is that causes the disease. What does matter is that every child's sight shall be safeguarded and prevention-of-blindness workers start out from this point, to urge upon all doctors, midwives, nurses and others the importance of the routine use of preventive drops and skilled medical treatment for all babies with reddened or swollen eyes, lest from neglect they walk in blindness through all their days.

The American Journal of Nursing
NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

I

FROM MISS M. SOUTHCOTT

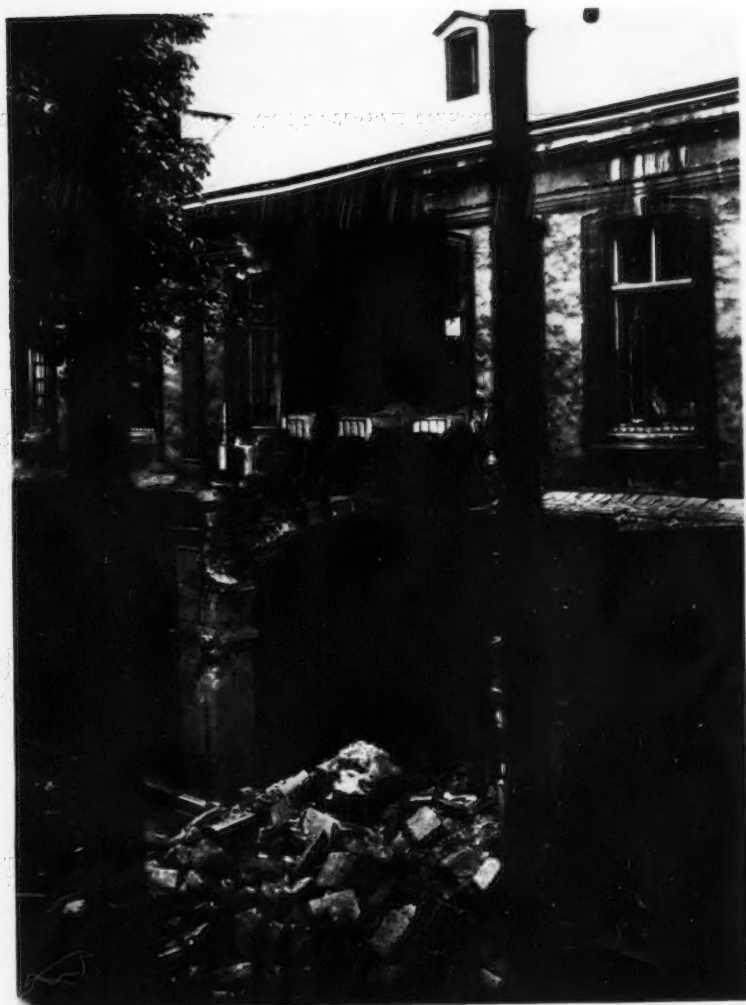
General Hospital, St. Johns, Newfoundland

A letter from Rheims, dated November 14, gives some idea of the conditions under which nurses are working there. The writer, Mlle. Luigi, is nursing superintendent of the hospital there and has done much for nursing in France. She was trained at the London Hospital and went from that to take charge of the hospital at Beziers, where she established the "système Florence Nightingale," and organised a training school on English lines. Later she went to the Hôpital Civile, Rheims, a large institution consisting of a hospital of one thousand beds, a home for the aged and infirm, and a convalescent home, making in all three thousand inmates. It is interesting to note that "garde-malade" has been replaced by "neurse" and apparently they have adopted the English term "probationer." The letter (translated) runs as follows:

Your letter was very welcome and touched me deeply. It is a great consolation in the hour of sorrow to feel the sympathy of our friends for us and for our country. Rheims was occupied by the Germans the 4th of Sept. and to our great joy they left on the 12th. We had the hospital filled with the wounded, having sixty German officers among the number. The 4th of Sept., the day of their arrival at Rheims, they bombarded the town for three-quarters of an hour. It was really shameful, for Rheims, an open town like Brussels, was not fortified and had no army there. Thirty shells fell near the hospital, at about three yards' distance, one fell in the nurses' garden; fortunately there was no one there at the time. The patients were so frightened that we brought them down to the ground floor. When we had them all moved the bombardment had ceased!

After that there was a terrible arrival of wounded citizens from the town, one worse than the other. Many were dead when they arrived. No one expected a bombardment and those who had not fled from Rheims at the approach of the Germans went about their business as usual.

We were not very pleased at the idea of nursing German soldiers but they were so badly wounded by our artillery that we were sorry for them and did all we could for them, saying to ourselves that it would bring us good luck and that in return our soldiers would be well cared for by the Germans. From the 13th of Sept. the Germans who remained with the cannon on the heights kept up a continual bombardment. For two months we did not pass two days without receiving shells. The hospital itself received ten shells. It was and is heart-rending. We still have all the Germans wounded by the first shells, as well as those they had not time to take with them in their retreat and the German



WARD LUTON, SHOWING THE FRONT WHERE THE WALL HAS FALLEN, LEAVING IT OPEN TO THE STREET

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THE PORTER'S LODGE. A SHELL WENT THROUGH THE ROOF, BURYING SIX PEOPLE UNDER THE RUINS. WHEN THEY WERE REMOVED FROM UNDER THE RUBBISH NOT ONE OF THEM HAD A WOUND. THEY GOT RID OF THE PLASTER AND WENT BACK TO WORK. THE PHOTOGRAPHS SHOW THREE OF THOSE WHO ESCAPED

officers, too, who said nothing but could hardly have approved of the bombardment of hospitals.

Six times we took the patients down into the cellars and under ground and we sent away as many as we could to other towns or outside the town, but from the 5th to the 20th October I fitted up three wards in the cellars, with beds, tables, in fact everything, real bombardment wards. It was very gloomy but the patients felt safe there.

Now, on account of the cold and in spite of the bombardment, we have fitted up the wards again and filled them with citizens seriously wounded by shells, and soldiers who will be transferred when they are better. I send you some photographs which will give you some idea of the destruction caused in some of the wards. Other wards which we have not photographed were fortunately empty when they were bombarded.

You correspond with American Journals—do you think these photographs would be of sufficient interest to publish? Perhaps the Americans, seeing how much we are to be pitied at Rheims, might think of sending me some wool and warm clothing for our soldiers or money to procure some. I am getting up a clothing club so that the soldiers who come for a few days to the hospital to recuperate and then go back to the front again might go warmly clad. You know at Rheims we are directly on the field of battle and we have an enormous number of soldiers in the town.

Anything sent to me would come more surely if it were addressed to the American Consul at Rheims, to be forwarded to Mlle. Luigi, Directrice de l'hôpital Civil, Rue Simon, Rheims (Marne), France.

We had a visit from an American missionary early in October. She was a very welcome visitor at the hospital. She left our sick soldiers a lot of cigars, they had no tobacco, for the Germans had taken it all away.

Imagine, we are without gas, without electric light, the hospital is lighted with little oil night lamps that we put on the floor; that after 8 p.m. we may not go out; that after 9 all lights are forbidden; that it is very difficult to leave Rheims and that it is almost impossible to return, for civilians are not allowed to travel by train. What a life!

Happily the conduct has been good. Every one has been very brave. The Hospital Committee, who have remained at Rheims, have helped and encouraged us all along, the internes have worked like angels, and the nurses have done their work with great courage and coolness.

Besides we get used to it like soldiers. When the cannons thunder we diagnose, "These are our cannons," "No they are theirs" (theirs meaning the Germans'), "It is our 75," "No, 120." When they whizz too loud we make faces rather, but often, deafened by the noise, we pay no more attention to them.

Personally I have not changed my habits. I always sleep in my bed in my usual room on the first floor. In my office, on a mattress on the floor in the corner, the youngest probationer sleeps. Her family is at St. Quentin which was occupied by the Germans two months ago, and she has had no news of them. In the other corner of the room on a mattress on the floor, my maid sleeps. The nurses' and servants' rooms being high up have been bombarded and while the bombardment lasts everyone sleeps as near the ground as possible. The most nervous sleep in the cellars and the bravest keep their rooms above.

I give them perfect liberty in this respect. It is dangerous everywhere, and shells fall as often against the openings to the cellars as in the wards above. So in case of accident I want to have nothing to reproach myself with.

THE PORTER'S LODGE. A SHELL WENT THROUGH THE ROOF, BURYING SIX PEOPLE UNDER THE RUINS. WHEN THEY WERE REMOVED FROM UNDER THE RUBBISH NOT ONE OF THEM HAD A WOUND. THEY GOT RID OF THE PLASTER AND WENT BACK TO WORK. THE PHOTOGRAPHS SHOW THREE OF THOSE WHO ESCAPED

II

BY DONNA G. BURGAR

Member of Unit F, Red Cross Nurses

Gleiwitz, the city from which I write, is in the southeast of Germany, near the Austrian and Russian borders, and has 70,000 inhabitants, two-thirds of whom are of Polish extraction. The chief industries are coal mining and manufacturing, which of course makes it a busy city, but also a dirty, smoky place. The surrounding country is heavily and beautifully wooded with large pine forests and a few heavy white birches to add to the picturesqueness, where the lakes and streams meet the forests. There are evergreens everywhere, in all shapes, from the tiny ones up to the largest size. Everywhere the woods are full of game, deer, partridge, quail, pheasant and hare. One of the resident doctors here says that he shoots about a thousand hare a year, so you can see how abundant the game is. The coal mines extend into Russia and are the best producing mines of Germany.

We have been allowed to enter into the activities of the work here for the town has taken care of more persons than any other town except perhaps Berlin, where final transfers are made. We have been wonderfully well cared for, as everything in Germany is perfectly managed and regulated. The other German unit, under Dr. Bradbury is assigned to Kosel, a three-quarter-hour ride north of this unit. We have fourteen nurses and three doctors in our unit and, at the present time, have the supervision of three hospitals, the large one, an improvised one in the city theatre, and two smaller ones of twenty-five and twenty beds each, which are both private hospitals in time of peace. The larger hospital has 100 beds and all three care for the most seriously wounded until ready for transfer on a hospital train to a base hospital.

We began active work on October 18 and have had capacity work ever since, which is just what we came for. We are thankful to be permitted to come so close to the field. Our supervisor, Miss Reuting, of the New York Hospital and recently of the Lying-in, New York, speaks German most fluently, as do several of the other nurses. At present we are twenty-seven miles from the serious engagements and the cases are promptly transferred to us. There is absolutely no cholera and every precaution is taken in the German Army to keep dysentery, cholera and typhoid from the soldiers. Thus far they have succeeded. The men are unusually healthy and strong of physique. Today and last week we could hear the sound of cannon.

ITEMS

An American gentleman, for some years resident in Munich, is president of a society for the aid of destitute children and active in the Red Cross work. His wife has had three women in the house, each with a sewing machine, engaged in making garments for the sick and wounded. It is stated that although the American Hospital in Munich has only fifty beds, it has already cared for three thousand wounded.

Large numbers of Englishwomen have received instruction in First Aid and the elements of nursing, who have not been formally trained. These are employed as assistants in the special hospitals which have been established near camps where soldiers are being drilled and also where Belgium refugees are being cared for. They help the trained nurses in doing dressings and sometimes in cases of emergency, assist the other nurses at the operations. They live in their own homes and give a certain number of hours of service each day in the hospital nearest them.

The Commander-in-Chief of the British Army, Sir John French, has set the seal of his approval on trained nursing. An English newspaper quotes him as saying:

The standard of British hospitals here is so high and admittedly so far above those of all the rest that women chosen to serve with British comrades on this side of the channel should lack no qualification which they can, with diligent effort, acquire. There is never a moment to be lost in these crowded nights when the lives of a hundred poor victims hang by a thread and the watchful zeal of a patient, resourceful woman alone can avail.

It is almost exactly sixty years since the Crimean War began when British red tape did everything in its power to hinder Florence Nightingale's plans for the relief of the wounded.

A short time before Christmas the English took the trench that had been occupied for some time by the Germans. In it they found a little Christmas tree, decorated and hung with trifling gifts sent from home to the soldiers at the front. The English put the tree in a cart, embellished it with a large placard saying "Merry Christmas to Our Friend the Enemy," found a German prisoner to drive the cart and sent it across to the German trenches. The Germans received it with cheers and, not to be outdone in generosity, sent the cart back in charge of an English prisoner in their lines.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

ANNUAL MEETING OF THE RED CROSS

The annual meeting of the Red Cross was held on Tuesday, December 8 at the Shoreham Hotel, Washington. On Monday morning, December 7, the annual meeting of the National Committee on Red Cross Nursing Service was held in the office of the chairman at Red Cross Headquarters. All delegates from state associations and mem-



AMERICAN RED CROSS HOSPITAL, BUDA PESTH

bers of state or local committees, in Washington for the annual meeting, had also been invited to be present. The discussion of the experiences of local committees in the past six months brought out points which were of assistance to the National Committee in deciding upon a few changes in the regulations governing enrollment. The chairman reported over 5,500 nurses enrolled since 1905, and while a certain number have resigned or have been dropped, a large number are avail-

able for active service and a steadily increasing number are applying for enrollment, though the requirements have been made more exact from year to year. With this in mind the regulation regarding age was changed to read as follows:

"The candidate must be over 25 and not over 40 years of age." In order to prove her ability to write sufficiently clear English to make a good report, the candidate will be required to submit an essay of at least 250 words on an assigned subject.

It was also suggested that some member of the committee interview each applicant for enrollment in order to gain some idea of her personality and fitness to meet the special demands of Red Cross work.

The annual meeting was of extraordinary interest owing to the many forms of work engaged in by the Red Cross since the meeting of last year. In the afternoon the meeting was opened by President Wilson, who gave an address and presided for a short time. Mr. Wilson said that he was glad to show his interest and approval of the aims of the Red Cross by being present and that it was most appropriate that there should be some formal connection between the Red Cross and the Government, a Government whose aims had been from the beginning, in a way, the same as those of the Red Cross, whose attitude towards peoples and individuals had been an unselfish one.

The report of the Red Cross Commission to China by Lieutenant Sibert with its stupendous engineering project outlined, was an evidence of the purpose of the Red Cross to prevent as well as relieve suffering.

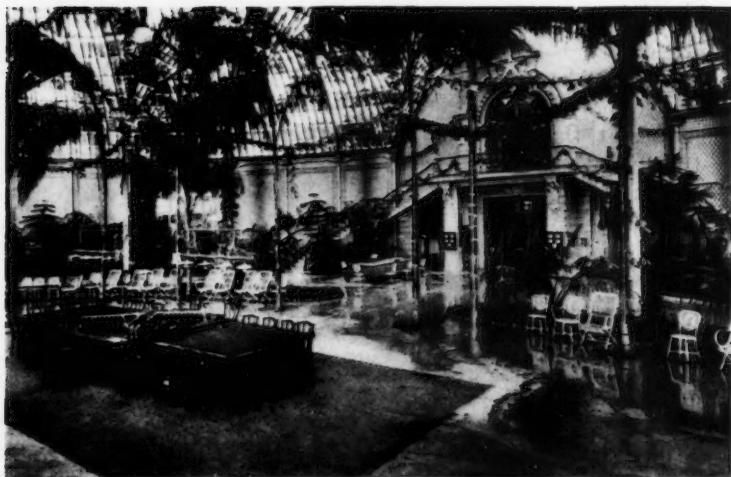
Robert de Forest, the vice-president of the Red Cross, gave an account of his experiences in Belgium when war was declared and of the organization of the Belgian Relief Committee.

Eliza R. Scidmore, the well known writer, who was in Japan at the time war was declared, gave a short sketch of the work of the Japanese Red Cross. This organization is sending units of doctors, nurses, orderlies and interpreter, with hospital outfit complete, to each of the Allies.

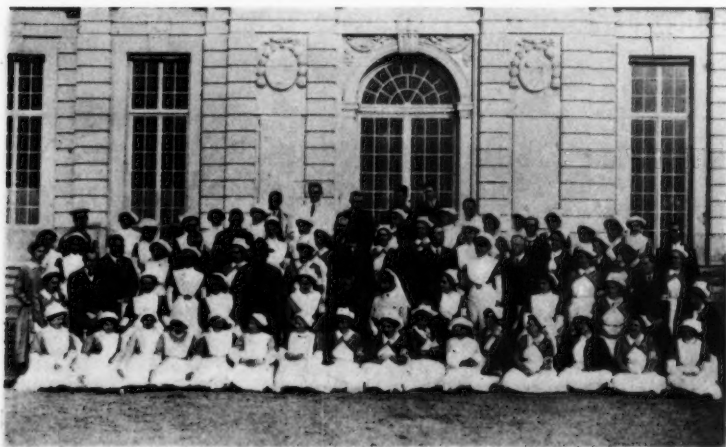
At the close of the meeting a resolution was adopted to prevent the use of the nurse's uniform by local Red Cross organizations for advertising, entertainments or for any purpose other than active service.

EUROPEAN SERVICE

Reports from nurses in Europe tell of great enthusiasm in the interesting work. We hear from Servia that when Belgrade was captured by the Austrians the Red Cross unit under the direction of Dr. Ryan



PALMARIUM OF THE PALAIS D' HIVER, PAU, FRANCE, WHICH IS BEING USED AS A RED CROSS HOSPITAL



FULL STAFF, AMERICAN WOMEN'S WAR HOSPITAL, PAIGNTON, ENGLAND

stayed in the city, taking the military and civil hospitals under the protection of the Red Cross until a few days later when the Servians again were in possession of the city. Though but few letters have been received, a cable saying that all the Red Cross personnel were safe and well, brought ease to the minds of anxious friends and relatives.

Letters from Miss Krueger, supervisor of the second Servian detachment, tell of the voyage; of the drills and classes to prepare for the work awaiting them on arrival; and of peace services conducted at her request by a medical missionary to Africa, a fellow-passenger on the *Finland*.

A few extracts from letters recently received may be of interest.

From Kosel: We are now busily planning and preparing for Christmas. We hope there will be no transport sent away from here until after that, for we have grown exceedingly attached to our charges.

We have recently had a group picture taken of which I will send you a copy. We are there with all the officials, orderlies and corps men, but no patients, because we haven't one out of bed.

From Vienna: I wish the American ladies who contributed the warm bed socks, nice soft flannel bands, pajama suits, etc., might know how much comfort these are giving.

We are getting our mail from home very promptly and this is one of our greatest blessings; there would be long and sad days if we never had news from the U. S. A. It is such a joy when the mail packages come.

From Buda-Pesth: You have never seen such patients as these soldiers are: so grateful, so considerate, so uncomplaining, even when in great pain. Our hospital is one of the fifty military hospitals here in Buda-Pesth. Mrs. ———, who is at the head of the City Mission, has asked me to speak to a group of Hungarian women about our nurses' training and the work nurses do in public service in America.

These soldiers are the best patients you ever saw. It is a great pleasure to be able to help them. We now have 171 patients in the hospital, 12 nurses taking care of them and doing it very well with the soldiers to help.

The Red Cross nurses assigned to duty in Vera Cruz, Mexico, reached home in December, having been on duty since May, in the Field Hospital at Vera Cruz or on army transports. They reported having had most comfortable quarters in a Mexican house near the beach at Vera Cruz. The hospital building had been formerly a school, and was well arranged for wards. The Hospital Corps men had been helpful and the soldiers excellent patients.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF
EDNA L. FOLEY, R.N.

VACATION SKETCHES

(Continued from page 318)

The guardian mountain of Edinburgh, known as Arthur's Seat, is an imposing looking hill from whose splendid drives one gets a wonderful panorama of Scottish scenery, on clear days even down the Firth of Forth to the sea. At the foot of the mountain is a big park, another of nature's lavish gifts to this favored city.

July 25. We left Edinburgh for Keswick, intending to spend about six hours en route. Actually we spent seven, but they seemed seventy. Trunks are labeled, never checked, in this proper country. There is a luggage van in every train and one is supposed to "have an eye" to one's own belongings. Being uninitiated, we had changed cars twice before this fact was driven home and as we rode through beautiful country, our downcast hearts could only contemplate "trunks." Those wretched objects followed safely on the next train, but no one who has ever endured this silent agony can treat the subject lightly. All the sympathy or advice that we could wring from at least six station-men was the dour remark "Ye should have looked after them." Our first change came at Carlisle where we risked losing our connection for a glimpse of the cathedral and its marvelous east window, the largest and finest in England. We tore ourselves unwillingly away, only to learn upon reaching the station that our train was an hour delayed, an unusual circumstance.

The following week we spent in the English Lake Region attending the Fabian Society Summer School at the Barrow House near Keswick. The classes were so arranged that a different subject was planned for every week and we were fortunate enough to be there for a conference on the "Working of Social Insurance" in which the discussions were opened by Mr. Sidney Webb, whose writings on the subject of a state medical service are full of suggestions of interest to public health nurses. Nurses planning a European vacation would get a great deal of interesting information, as well as a brimming week of local color, by attending the Fabian Summer School. So many people sign up for

it, however, that it is not always possible to get into the house, but there are good boarding places all about. The Lake Region is famous chiefly for its really wonderful scenery and its memories of Wadsworth, Ruskin, Thomas Arnold, Southey and other Englishmen of letters. Its quaint villages beggar description, but any lover of simple country life would be well repaid by a walking-trip or a bicycle-trip over these splendid roads through this attractive bit of rural life.

One may travel in England as expensively as in the United States, but a good walker, willing to put up with the usual country conveniences, can take a delightful trip through little-known highways and byways for a surprisingly small amount. It has been done for less than two hundred dollars but as the cost of living increases, it would be well for anyone making her first trip to plan on at least four or five hundred dollars. Money not spent can always be carried home, but it would be unpleasant to find oneself among strangers and penniless. The second trip may be made on less as economical traveling is learned from experience.

Scotland's beauty is wild and striking but all England appeals to one as a beautifully kept garden. Everywhere there are fine old churches and castles and scenes as attractive as they are unusual to an American visitor. A public health nurse visiting England for the first time is impressed by its sense of historical past and comes home better balanced for her own social work, understanding better the relative value of things both large and small. While in London I heard a woman say sadly, "The London of Dickens is a thing of the past," and her companion replied, "That is the finest tribute you could pay to Charles Dickens. Do you suppose he wrote those novels to encourage the perpetuation of those infamous men or to so arouse public conscience that changes had to be made?"

We are better able to see our own local problems in their true perspective after visiting people who are as earnest, as happy and in certain respects quite as comfortable as ourselves, in spite of their stirring past; nevertheless, if we do return convinced that one bad election will not entirely ruin our city or nation, we are also more than ever determined that our present efforts for better housing, more playgrounds or higher wages shall not for one instant be abated, for no loyal American ever wants to see reproduced in America the class distinction, the poverty and misery seen in English cities both large and small.

July 30, Morley's Hotel, Trafalgar Square. From our windows a confused murmur of sedate street traffic and an unobstructed view of the famous Nelson monument, the National Art Gallery, and Trafalgar

Square, site of scenes impressive and tempestuous, sad and hilarious make us long for Sunday and the big Socialist mass-meeting that has been called to denounce Germany's ultimatum and the war-cloud that is growing larger daily. Our interest in this historic spot, however, is diverted to bath-tubs and a most English maid who announces "hot bath in the room, 1 shilling, in the bathroom one and six." Only two desperate Americans could squander seventy-five cents on such luxuries as hot baths after an eight hour train ride. Sceptical tourists question the proverbial Englishman's love of tubbing, for even a cold bath "costs extra." Perhaps the tariff is less for a true son of Britain.

July 31. To the North German Lloyd for a ticket transfer, then a glorious day in Westminster Abbey and St. Paul's Cathedral. Everywhere, anxious vergers and police dog our footsteps, evidently the militants are active again.

August 1. Germany has gone mad. One ultimatum after another has issued from its pen so rapidly that we wonder whom the next one will defy. War has been declared on Russia. The steamship offices are closed; our passage home seems printed on excellent quality of useless paper. Still London lures and the skies have not yet fallen. I dined with Mrs. Bedford-Fenwick and Miss Breay at the High Holborn restaurant and was delighted to talk shop once more with two such interested and inspiring English nurses. We talked registration; we thought war.

Sunday, August 2. More than ten thousand Socialists packed closely together, stood in the pouring rain today to hear Keir Hardie, Margaret Bondfield and several others denounce war. The speakers stood on the base of the Nelson monument which is so large that someone addressed the crowd from each of its four sides. Our hotel windows were too exclusive so we slipped on rain-coats and joined the throng with a delightful sense of insecurity. But an English crowd is not an American election-night nor yet a French mob and we were as safe in the enormous gathering as we could have been anywhere. The English Socialists were astounded to hear that their German brethren have joined the colors and the meeting broke up sadly. Some of the crowd remained, however, and orderly mobs paraded from the Square to Buckingham Palace and back again until after midnight.

Monday, August 3. Bank holiday, a beneficent institution declared four times a year and usually spent in country trips and picnics. This year, however, the stations are deserted, the streets are full of anxious people of all nations. A hurried trip to the American Embassy, hidden away in a side street, convinced us that our ambassadors needed better quarters. Nobody knew anything, the very clerks seemed alien but

it was the next best place to that land so far away and hundreds of our fellow countrymen were there, vainly seeking information. Attended an American mass-meeting at the Waldorf in the afternoon and were proud of the energy that had an association, with committees formed for every conceivable duty, organized within two hours. Here we met fellow countrymen who had just reached England, leaving everything but hand-luggage on the continent, and such cheerful losers they were. Some were penniless, others practically so, for their German and French notes were, for the time being, valueless but there were no complaints, no hysteria and little real anxiety visible. The "American Committee," as the new association is called, made us all feel comfortable again.

Tuesday, August 4. England has declared a Bank Holiday until Friday and a moratorium. The latter doesn't interest us but the Bank Holiday means no more money until Friday, maybe none then. How far away America seems! If the skies were to fall, nothing would amaze us. We made a round of the foreign offices, just to be doing something, and found Miss Goodrich at Brown Shipley's. We commiserated together for she and Miss Nutting and Miss Nevins had just arrived, baggageless, from Vienna, after a thrilling and unpleasant journey. From these we learned that the American Express, to its everlasting glory and credit, was paying cash for its checks, so we stood in line in the rain three hours, and received \$20 each for our toil. Never was money so welcome. That morning we had tried to purchase some gloves at a famous store but the polite clerk told us that our five-pound Bank of England note, was worthless—until Friday. No wonder we clutched our gold pieces as if they were priceless treasures.

Sunday, August 9. The past week would have been a night-mare had not every citizen of England offered his best hospitality to us. Hotels waited for payments, shops offered charge accounts, bus-drivers were sympathetic, if firm, with silvered Americans who had no copper pieces. The American Committee did famously and its card-catalogue of returned travellers, its relief committees for men and women, its lost-luggage chairman, its transportation committee and its Boy Scouts have done a herculean piece of work. Only those whose feet ached to go to the Continent in search of lost friends know what the best work of these splendid American volunteers was. In the strain of that awful week, when parents were separated from children and friends from friends, the American Committee and the American Express Company were the beacon-lights that guided us safely through storm and stress. No praise of their labors is adequate, but they served their fellow-men in a way that most of us will never forget.

(To be continued.)

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

NURSES' UNIFORMS

The question of uniforms for nurses has long been under discussion from various points of view.

A pupil nurse is required to wear the uniform of her school for several reasons: it makes for uniformity in appearance and the management is perfectly sure each nurse will be dressed in good taste, that is, appropriately, which might or might not happen if the matter of dress were left entirely to the pupil.

Almost every graduate nurse can recall instances when she has been uncertain of the propriety of her dress for a given occasion and has reverted in her mind to the time when she donned her school uniform with satisfaction, knowing it to be the best of its kind and therefore entirely appropriate for its time and place. What a comfort it would be to know that the garment which is the product of the combined thought and taste of the owner with those of the corner dressmaker is equally suitable when required to be worn! Besides being suitable, the uniform is, or should be, the most hygienic form of dress, at least for hospital wear. Barring some forms of neckwear which have been justly criticised, there is seldom any reflection cast upon the hospital uniform because of resultant unhygienic conditions. To go a step farther it may be said that in these days of aseptic surgery no dress excepting that which can come fresh from the laundry at regular and frequent intervals is considered safe for hospital and sick room wear.

All training schools insist that the prescribed uniform be worn while the pupil is on duty in the wards of the hospital and most of them say it shall not be worn upon the street nor in any other place, except when in direct care of the sick. It should not be worn upon the street for various reasons, of which one may be cited, viz., it cannot then be kept clean enough for ward wear.

Thus it is made an honored, yes, almost a sacred contribution to the training school instruction of the nurse. This may seem a strong statement, but none too strong to the thoughtful nurse who knows

all that her uniform meant to her in the arduous days of training; she remembers that it was to her a monitor in ethics, guarding her person and guiding her deportment with a strong and steady hand by reason of the deep-seated conviction that whatever occurred, the uniform must not be smirched by any appearance of wrong doing on her part. The school fostered this sentiment until her feeling for her uniform is akin to that she has for the flag of her country. She delights in it and is ready to salute it when meeting it in an unexpected place.

It is known to have its influence, too, upon those who are nursed or cared for by the wearer. So thoroughly has this been understood by directors of children's hospitals that their efforts have been directed toward securing attractive and pretty uniforms for the nurses serving the children. It seems incongruous to think of a nurse's cap being adorned with pink ribbons, but it has occurred and with good results to the sick children in her care. What is true of children is equally true of adults though in a different degree. Many a man or woman in the adult wards of the hospital has consciously or unconsciously braced up at the vitalizing sight of the energetic nurse in her fresh and correct uniform. He at once feels himself in good company and is "heartened" and self-respecting. Perhaps it may be simply the old story that good manners promote good morals. It may not be so labelled, but it all amounts to a lesson in ethics.

In the analysis of this conclusion one must find that it is not in the clean cut and well-fitting uniform alone, it is not in the soldierly bearing of the wearer, but in the fact that it is associated in his mind with something else, something which has brought to him peace and comfort with a refining influence which he cannot so designate but which he knows and cannot forget.

For this reason the use of nurses' uniforms for other purposes than that of being worn by one caring for the sick, should be deplored. They are sacred to their intended use and every departure from that plan has a tendency to cheapen the whole idea of nursing affairs. By reason of the spectacular effect, benevolent societies have secured a great asset when they have obtained the services of a group of nurses in uniform, or a group of society girls dressed in the nurses' costume to act as distributors of programmes or refreshments; to sell tickets or tags or what not, but the fact that the proceeds of the fair are for the local hospital, or Red Cross or other form of charity will not excuse the defamation of the uniform.

A graduate nurse's uniform is more apt to be of commercial value to her and for that reason is put off and on at convenience, or it is not a uniform at all, but is a medley or possibly a cross between a negligee

and a fashionable tailor-made gown of washable material. It is a pity the graduate nurse so often discards her uniform when on private duty, but the tailor-made gown, if comfortable and adapted to the work in hand, is apt to be pleasing and dignified and therefore not a subject of criticism. It is the negligee or the over accentuated gown that is deplored when it makes its entry into the hospital ward, worn by the graduate special, with neck too low and skirt far too scant to fulfill the most elementary rules of decorum. If a dress can be said to be comfortable without being conspicuous, pretty without being extravagant and adaptable to the use to which it must be put, then it will naturally be acceptable to patients and others who must be more or less intimately associated with it.

In some countries and even in some cities in our own land, outdoor uniforms are worn. The plea for their use has been that they are a protection to the wearer. There is doubt in the minds of many as to the validity of this reason for their use. District nurses are properly in uniform because they are on duty, but when the ordinary nurse is going about as an ordinary citizen, she is happier and more normal if dressed as an ordinary citizen. The American people are not always credited with having modest, retiring natures, but when not so credited they are often misjudged. There is really very little that is pompous or flamboyant in the make-up of the average American, therefore he likes to pass unnoticed.

If this reason shall seem a self-righteous one, then let it be said that the average American is too independent to receive dictation as to his costume for street wear when he is about his own business.

TOO LATE FOR CLASSIFICATION

MONTANA

The Montana State Board of Examiners for Nurses will hold a special meeting and examination for the registration of nurses on February 23, 1915, at 9 A. M. at the State Capitol, Helena.

R. LESTER BENNETT, R.N.,
Secretary.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

EFFECT OF WATER DRINKING.—As a result of gastro-intestinal experiments reported in the *Journal of Biological Chemistry* it was decided that water stimulates the gastric glands to activity when the stomach is empty as well as when food is present preparatory to digestion. Drinking water between meals causes a waste of glandular energy and water had, therefore, better be taken with meals.

THE WORK TREATMENT.—A writer in the *Boston Medical and Surgical Journal* advises that useful work should be provided for chronic cases capable of performing it and, if possible, remunerative work for those who need the money. It is stated that in many chronic arthritis cases the muscular spasm and joint thickening yield more readily to industrial movements made with a purpose than to massage or remedial exercises. One woman's gait was greatly improved and her whole outlook on life brightened through taking up hand weaving which involved the use of from two to six foot pedals and the dextrous throwing of a shuttle. At the state colony for the insane at Gardner, Massachusetts, the patients made all their own clothing under skilled direction, weaving the materials for woolen garments. They raise some of their own food supplies, reclaim land and build new buildings.

DON'TS FOR NURSES.—The *Journal of the American Medical Association* publishes eighteen short paragraphs of advice to nurses written by a doctor. Two are herewith transcribed: "Don't ever appear in the sick room with a 'long face.' It matters not what may have been said by the patient, you must remember always that you are dealing with one who is not normal, with a sick brain whose emanations are not what they would be if the brain were well." "Don't forget that you stand between the living and the dead. Your mission is to relieve God's sufferers and do be amiable."

DISCONTINUATION OF DISINFECTION.—The *Medical Record* calls attention to the fact that the New York Health Commissioner has ordered the discontinuation of the practice of fumigation following a case of infectious disease, with the exception of smallpox. Brooklyn is to continue the practice as a control in order to determine its efficiency or uselessness. Dr. Doty, former health officer of the Port of New York, believes that in the care of diphtheria, measles and scarlet

fever, reliance should be placed upon the destruction of the discharges and upon constant cleanliness. During the first month of the experiment no increase in the prevalence of infection was noted in the area where fumigation had been discontinued.

THE FATIGUE TOXIN AND IMMUNITY.—The *Medical Record* states that in 1909 Scalfati reported that the fatigued organism provides a favorable culture medium for the typhoid bacillus. Dogs injected with this fatigue toxin showed the result in a lowered degree of immunity to infection. Other eminent discoverers have found that physical fatigue predisposes to bacterial infection.

LANDAU'S TEST FOR SYPHILIS.—The *Interstate Medical Journal*, reporting tests printed in *Presse Médicale* says Landau tests for syphilis by the behavior of syphilitic serum toward iodine. The latter, dissolved in oil, is decolorized by contact with syphilitic serum but is not affected by non-syphilitic serum. If a dilute solution of starch is added, non-syphilitic sera give a deep blue color while syphilitic serum remains a pale yellow. Recently the test has been improved by substituting tetrachlormethane for the oil.

CHAPPED HANDS.—The *Journal of the American Medical Association* says the chief reason for the chapping of the hands in cold weather is the lack of fat in the skin. It is at a minimum then because of the diminished sebaceous and sweat secretions. This and the dry air of winter make the skin dry and vulnerable at the very time when the cold air is itself irritating. This leads readily to chapping, if the hands must be exposed to soap and water, with the added irritation of antiseptics as in the case of physicians and nurses. The lack of fat should be supplied by greasing the skin occasionally with a well made cold cream or any bland fat. Soap and water, especially soap, should be avoided by the use of a hand lotion. The following formula is recommended: tragacanth gr. 80, glycerine $\frac{1}{2}$ oz., boric acid $\frac{1}{2}$ oz., water sufficient to make a pint, oil of bergamot m. 4, oil of lavender m. 2, oil of rose m. 1.

MORTALITY AMONG NURSES.—The Paris letter of the *Medical Record* says that few victims of the war deserve more sympathy than the nurses, now quite a number, who have succumbed to septic infection while caring for badly wounded soldiers. Not only are pus fingers followed by fatal generalized septicemia but this can occur from a single deep prick of the finger without the local abscess. The common safety pin is one of the most dangerous agents. Such a pin taken from a septic bandage, lain aside and inadvertently used again, may cause death if the nurse pricks her finger as she inserts it. Too much care cannot be taken in the protection of the smallest wounds on hands

or face. To succumb to generalized septicemia through careless management of a safety pin is a tragedy of the first magnitude.

BARE WALLS AND MONOTONY.—The *Indianapolis Medical Journal* describes the decoration of a part of the Indianapolis City Hospital known as the Burdsall units in honor of its founder. Celebrated artists have collaborated in the work and the result is artistic and charming. Not many hospitals can afford such beautiful decoration but something might be done in all hospitals to relieve the monotony of the walls which afford the only prospect that many patients have to gaze upon, sometimes for weeks at a time.

NEW METHOD OF REPAIR OF BONE.—The *New York Medical Journal* reports experiments in hastening the repair of bones after fracture. A piece of bone, a fresh specimen obtained from the morgue, is dried and ground to powder, mixed with petrolatum to the consistency of bismuth paste, sterilized by being placed in a large bottle immersed to the neck in water and boiled for two hours. It is taken up in a syringe, the needle inserted through the skin and fascia to the seat of the fracture and as deeply as possible between the fractured ends. The space is thus infiltrated with petrolatum and bone cells which invite calcareous deposits and so hasten repair.

HIGH HEELS.—In a paper in the *British Medical Journal* on The Foot, the author concludes that for the inactive life of the drawing-room, office and shop, high heeled boots and shoes may be an advantage, giving to the foot a pleasant, braced-up feeling, quite different from that experienced by those who slither about in heel-less slippers.

TWILIGHT SLEEP IN PRACTICE.—In a paper in the *Medical Record*, Dr. W. H. W. Knipe commends the use of this technique in proper hands. The bad results in the past were due to a poor preparation of scopolamine, the use of too much morphine, the attempt to achieve absolute painlessness in child-birth, and the use of technique entirely different from that of Gauss. Twilight Sleep demands more care, more thought and more knowledge than a normally conducted labor. This increased attention paid to child-birth must result in better obstetrics by the general practitioner. Delivery under the Twilight Sleep method demands the entire attention of the physician from the beginning of labor to its close. Therefore, where no hospital exists, local hospitals should be established where physicians could send their patients and attend them under proper conditions.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

A SUGGESTION

DEAR EDITOR: One of our doctors told me, not long ago, that if I ever got into a place where I needed to prepare a hypodermic quickly and had a urotropine tablet with me, I could set it on something metal, put a match to it and it would burn long enough to boil the teaspoonful of water required without blackening the spoon.

Colorado

S. S. H.

OCCUPATIONAL DISEASES

DEAR EDITOR: Will any nurse who has information or experience in dealing with occupational diseases resulting from telegraphy relate the same through the columns of the JOURNAL?

Georgia

J. V.

A SUMMER CAMP AT CAPE HENRY

DEAR EDITOR: I have thought that some information in regard to the work done at the Children's Summer Camp at Cape Henry, Virginia, might prove interesting. This work is under the control of the Anti-Tuberculosis League of Norfolk. The funds for the work are collected from the sale of Red Cross stamps.

When the secretary asked me to take charge of the Camp I hesitated as it was different from anything that I had previously done. The repairs necessary each year for dwellings on the ocean front I attended to first. Then the winter's accumulation of sand had to be shoveled out. The dampness rusts the screens and locks so badly that new ones are needed nearly every year. When these things had been done, servants secured, supplies laid in, I reported to the secretary that we were ready to open Camp.

The secretary selected the children and brought them down on June 11. They ranged in age from 6 to 12 years. Both sexes were taken; there being six boys and eight girls. All had been directly exposed to tuberculosis though none had it in an active form. All the children came from very poor homes, most of them not having enough to eat during the winter months.

After three months at the sea-side they report at the Clinic for Consumptives regularly during the winter. Visits to their homes are made by the visiting nurse employed by the dispensary. The building up during the summer is watched for its corresponding results in health, increased mental activity, etc. Good, nourishing food was given these children three times a day, plenty of fruit allowed, but no candy nor rich pastry.

The children rise between 6 and 7 a.m. and retire at 8 p.m. They were always ready to get up when the rising bell sounded and generally were asleep within fifteen minutes after going to bed.

It was a real pleasure to see faces round out, coughs cease and fatigue disappear as rest, food and sea air did their work. Two ocean baths a day were

allowed when the weather was suitable, ranging in length from ten to thirty minutes. The children learned to swim and float and were always eager for bathing time.

When possible, the secretary came down to the camp once a week and went in bathing with the children, to their great delight. The cottage was right on the beach. It had three medium sized bedrooms and one dormitory for girls upstairs. Downstairs were the matron's room, dining room, living room, kitchen, pantry and servants' rooms. Outside were two bath houses, one for the girls and one for the boys.

Everything was free to these children, good behavior being the only passport required. The Camp closed on September 12. The record for the season's work was very satisfactory, the children having gained from four to twelve pounds each. There was no sickness during the summer.

Virginia

JESSIE S. FRANKLIN, R.N.

(A letter from "A. L." cannot be printed or answered as no name and address accompany it. Ed.)



A PLEASANT MEDICINE

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

AMERICAN NURSES' ASSOCIATION

NOTICE TO MEMBERS

The eighteenth annual meeting of the American Nurses' Association will be held in San Francisco, June 20 to 26, 1915. All dues should be in the hands of the treasurer by April 30. No credential cards will be sent to associations or individuals in arrears. Information regarding either the special or the direct trip to California may be obtained from the chairman of the Transportation Committee, Mrs. C. V. Twiss, 419 West 144th Street, New York. A train advertised as "Official Nurses Train" in the advertising pages of the January JOURNAL is not official in the sense of being under the direction of the Transportation Committee.

KATHARINE DEWITT, *Secretary.*

REPORT OF THE NURSES' RELIEF FUND, DECEMBER, 1914

Receipts

Previously acknowledged.....	\$4311.56
Interest on bank balance.....	60.89
Individual members of City Hospital, Minneapolis, Minn.....	10.00
St. Louis Training School for Nurses, City Hospital.....	20.00
Graduate Nurses' Association of New Hampshire.....	15.00
Reading Hospital Alumnae Association, Reading, Pa.....	25.00
Alumnae Association of the Training School for Nurses, Protestant Episcopal Hospital, Philadelphia.....	25.00
Calendar Fund, L. A. Giberson, Chairman.....	10.68
Maryland Homeopathic Hospital Alumnae Association, Baltimore, Md.....	10.00

\$4488.13

Disbursements

The DeLone-Ehmling Co., 15,000 card boxes for calendars....	\$236.25
Sending calendars as per lists.....	24.51
Eureka Printing House, 500 letter heads, 500 envelopes.....	5.25
The DeLone-Ehmling Co., balance of contract price for calendars.....	1,125.00

\$1,391.01

Balance, January 1, 1915..... \$ 3,097.12

Eight bonds, par value..... 8,000.00

\$11,097.12

Contributions for Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City and cheques made payable to the Farmers' Loan and Trust Company, New York City.

For information address Lydia A. Giberson, Allenwood, Pa.

ARMY NURSE CORPS

APPOINTMENTS.—Bessie P. Seger, graduate of Allegheny General Hospital, Pittsburg, Pa.; Kathryn Burtu, Hahneman Hospital, Philadelphia, Pa.; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C. Daisy E. Krebs, John Sealy Hospital, Galveston, Texas; Ella M. Miller, Burlington Hospital, Burlington, Iowa; assigned to duty at the Letterman General Hospital, San Francisco, California. Jenny Zimmerman, Union Protestant Infirmary, Baltimore, Md., assigned to duty at Department Hospital, Honolulu, H. T. Louise Preusser, Lutheran Hospital, St. Louis, Mo., assigned to duty at Army and Navy General Hospital, Hot Springs, Ark.

RE-APPOINTMENTS.—Bernice E. Hanson, graduate of Columbia Hospital, Washington, D. C., assigned to duty at Army General Hospital, Ft. Bayard, N. M. Edith H. Rutley, Farrand Training School, Harper Hospital, Detroit, Mich., assigned to duty at the Letterman General Hospital, San Francisco, California.

TRANSFERS.—To Walter Reed General Hospital, Takoma Park, D. C.: Hannah A. Kallem. To Army General Hospital, Fort Bayard, N. M.: Margaret Lydon, Alta C. Beane, Emma B. Lindheimer, Margaret D. Murray, Jennie A. Jaeger, Clara E. Ellwanger, Mary F. McLaughlin. To Office of Attending Surgeon, Washington, D. C.: Edith H. Rutley. To Letterman General Hospital, San Francisco, California: Margaret J. MacDonald, Maude Bowman, Penelope McDermott, Henrietta M. Moehring, Bertha Purcell. To the Army and Navy General Hospital, Hot Springs, Arkansas: Clara G. Calderwood, Louise Knapp.

DISCHARGES.—From Army General Hospital, Fort Bayard, N. M.: Emma K. Frey, Ethel L. Rumph, Matilda A. Romeo, Carolyn M. Stover, Joana Meehan. From Army and Navy General Hospital, Hot Springs, Arkansas: Virginia Mooney. From Department Hospital, Honolulu, H. T.: Eugenia Y. Yarrington. From Letterman General Hospital, San Francisco, California: Nellie V. Close, Theresa E. Schreier. From Walter Reed General Hospital, Takoma Park, D. C.: Margaret M. MacNeill. Contracts annulled in Washington, D. C.: Kathrynne Dennelly, Nannie B. Hardy, Lulu T. Lloyd.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

December 29, 1914.

APPOINTMENTS.—Helena Warren Diegnan, New York Hospital, N. Y. Ruby E. Wood, Albany City Hospital, N. Y.; Ancon Hospital, C. Z., three years. Eva R. Dunlap, Lewis Crozer Hospital, Chester, Pa. Mary H. Conlin, St. Peter's Hospital, Albany, N. Y. Anna Lee Merritt, New York Post-Graduate Hospital, N. Y.; operating nurse, Hospital for Ruptured and Crippled Children. Blanche Finger, Phoenixville Hospital, Pa., Post-Graduate Los Angeles Hospital, Cal. Norma McEchron, Christ's Hospital, Topeka, Kansas; Santa Fe. R. R. Hospital. Louisa Kurath, Woman's Hospital, Philadelphia, Pa., Head Nurse, M. E. Hospital, Philadelphia. Mary L. Douglas, Malden Hospital, Malden, Mass.; Colon Hospital.

TRANSFERS.—Louisa Kurath, Mary L. Douglas, to Newport, R. I.; Philena P. Cheetham, Inez Donaldson, Violet Gass, Emily Smaling, Anne M. V. Hoctor, Mary A. Long, Mary P. Leeder, Blanche Finger, Norma McEchron, to Mare Island, Cal.; Mary V. Hamlin, Anna Lee Merritt, Anna M. Fallamal, Ruby Wood, to Washington, D. C.; Eva R. Dunlap, to New York; Mary H. Conlin,

to Philadelphia, Pa.; Helena Warren Diegnan, to New York; Agnes M. Quinlan, Mary C. Chewing, to Philadelphia, Pa.; Eva S. Knowlton, Eleanor Lawrence to Annapolis; Elizabeth Roller, to Norfolk, Va.; Annie Wayland, to Chelsea, Mass.; Helen Russell, to Norfolk, Va.

ASSIGNMENTS.—Elizabeth Leonhardt, to Naval Hospital, Norfolk, Va., as Chief Nurse. Philena P. Cheetham, to Naval Hospital, Mare Island, Cal., as Acting Chief Nurse.

HONORABLE DISCHARGE.—Charlotte Page; J. Beatrice Bowman, Chief Nurse; Anna R. Longsdorf; Nell I. McCarthy; Margaret Seitz; Margaret Pierce.

RESIGNATIONS.—Alice Ralston; Marie C. Glindeman; Mary B. Strubble; Christine Dixon.

LENAH S. HIGBEE,

Superintendent, Nurse Corps, U. S. N.

RED CROSS WORKERS FROM JAPAN

A party of Red Cross workers from Japan, twenty-two nurses, four physicians, a secretary and an interpreter, passed through New York in January, en route to England, where they will be assigned to duty. Miss Yamamoto of Tokio was the nurse in charge. They were met on their arrival by a delegation from the International Council of Nurses of which they are a part. A reception was given them by the Department of Nursing and Health of Teachers College, on Monday, and on Tuesday a luncheon at the Hotel Astor at which Mabel T. Boardman of the American Red Cross presided. The Japan Society also welcomed the party.

CALIFORNIA

THE CALIFORNIA STATE BOARD OF HEALTH held the first examination of graduate nurses for the certificate of registered nurse, in Sacramento on December 5, in the assembly chamber of the State Capitol. Forty-six nurses took the examination. The examination questions were selected from a list of questions submitted by the superintendents of the training schools in California and approved by the State Board of Health. Owing to the fact that it was the first examination since the law became effective, the questions were simple in character. The student record of the applicant, which is on file, bears a definite weight in the result of the final marking. This record comprises the history of admission to the training school; the rating obtained in theory by lectures and classes, also the general average; the record of efficiency rated by number; the record of amount of time spent in each service in the hospital; the amount of time lost by illness and the length of vacation time. This is filled out by the superintendent of the training school immediately on the completion of the course of each student and filed as a permanent record in the Bureau.

CALIFORNIA STATE BOARD EXAMINATIONS. *Urinalysis*.—1. Give instructions you think a patient should have before collecting a sample of urine for analysis. 2. What would you expect to find in making an analysis in a case of Bright's disease? 3. Give the characteristics of diabetic urine. 4. Give two tests for albumin.

Contagion and Children's Diseases.—1. Give the nursing care of a child with rickets. 2. What is thrush? What would you do to prevent it? 3. Name important adverse symptoms to be carefully watched for in scarlet fever and state significance of each. 4. What would you do for a child in convulsions?

Medical Nursing.—1. What particulars regarding a chill should be noted and recorded? 2. Describe briefly how you would give a bed bath. 3. How would you administer a hypodermic? 4. By what methods do you ascertain the temperature of the body; give detail of procedure. 5. State briefly the nursing care of a case of croupous pneumonia.

Surgical Nursing.—1. How do you prepare a patient for a vaginal examination? 2. How would you distinguish between arterial and venous blood in case of hemorrhage? 3. Give technique of catheterization in the male or in the female. 4. What are the symptoms of shock and what would you do until the arrival of a doctor? 5. What is the general preparation of a patient before giving an anaesthetic?

Nursing Ethics.—1. Define nursing ethics. 2. Name important ethical duties of a nurse entering on the care of a patient in a private home. 3. What attitude should a nurse take in case of dissatisfaction of the family towards the physician in charge. 4. Discuss briefly the essential points of success from an ethical standpoint in private nursing; hospital nursing; public health work.

Obstetrical Nursing.—1. How would you prepare a patient for labor? 2. Describe the stages of labor. 3. What would you do in case of post-partum hemorrhage after the doctor had left? 4. What are the causes and prevention of mastitis? 5. What is ophthalmia neonatorum and how may it be prevented?

Anatomy and Physiology.—1. Into what classes are bones divided? 2. Give the names and function of the outer covering of the bones. 3. Name the bones entering into the formation of the chest. 4. Of what does the digestive apparatus consist? 5. Name the organs of circulation. 6. Describe the blood. 7. Name the respiratory organs. 8. Name the important excretory organs.

Materia Medica.—1. Name five ways of introducing medicine into the system. 2. By which method would you obtain the slowest action; the quickest action? 3. Give the average adult dose of the following: morphine sulphate, paregoric, strychnia. 4. Give symptoms and treatment of opium poisoning. 5. Define hypnotic; diuretic; diaphoretic; give an example of each. 6. How would you prepare one quart of bichloride solution one-one thousand (1-1000)?

Hygiene and Bacteriology.—1. What are the principal factors in maintaining health? 2. What do you understand by ventilation? 3. Show how a nurse may be a "carrier" of infection from one patient to another. 4. Why are flies a menace to health? Why are mosquitoes a menace to health? 5. What are the conditions most favorable to the growth of bacteria? 6. Name three of the most common pus-producing organisms. 7. What precautions would you take in the care of a typhoid patient to protect yourself and others from infection? 8. In what discharges are the following bacteria most frequently found: tubercle bacilli, typhoid bacilli, diphtheria bacilli.

Dietetics.—1. Name the five food principles and classify them according to their function. 2. Name the chief tissue building foods; the chief heat and force producing foods. 3. Give one method of pre-digesting milk. 4. What effect does toasting have on the digestibility of bread? 5. What articles of food are especially to be avoided in nephritis?

CONNECTICUT

New Haven.—THE GRACE HOSPITAL ALUMNAE ASSOCIATION held the annual meeting on January 4, at the dormitory. The nominating committee reported the following officers elected for the ensuing year: president, Sophia H. Belser;

vice president, Mrs. F. H. Bradley; recording secretary, Norma White; corresponding secretary, Kathryn E. Sherman; treasurer, Alice F. Smith. Jennie E. Greely was elected the sixth member of the executive board.

Bridgeport.—THE CONNECTICUT STATE LEAGUE OF NURSING EDUCATION held its December meeting in the nurses' home of the Bridgeport Hospital, the president, Evelyn M. Wilson, in the chair. There were twenty-five members present and seven new members were admitted. The present officers were re-elected for the coming year. It was voted to hold the May meeting in Waterbury, Connecticut, May 5, on the same day of the meeting of the Graduate Nurses' Association in Waterbury. Miss R. Inde Albaugh, as chairman of the legislative committee, brought before the meeting the advisability of an amendment to the state bill of 1905. A lengthy discussion was held, resulting in a decision that the amendment was much needed and would be a help to the schools. Mrs. Hart gave an interesting talk on the dental work being done in the Bridgeport public schools. At the close of the meeting refreshments were served. Miss Oliver, superintendent of the nurses, invited inspection of the new nurses' home, which is a delightful building, the result of much thought for the comfort of the nurses. The new maternity building was also inspected and everybody felt well repaid for the time spent.

DISTRICT OF COLUMBIA

Washington.—THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA held its annual business meeting in the club house, on November 3. The officers elected were president, Lily Kanely; secretary-treasurer, Alice M. Prentiss. Reports of standing committees were received, communications read and the business of the club transacted, after which Miss Delano, chairman of the National Red Cross Committee, gave a very interesting talk on the work of the Red Cross Society.

BINNIE C. CALVERT has resigned her position as registrar of the Central Registry after years of continuous service. Physicians and nurses regret the resignation of Miss Calvert for by her most faithful and efficient service and pleasing personality she has done much toward the up-building of the registry. Catherine Vincent was elected to fill the vacancy.

FLORIDA

THE FLORIDA STATE ASSOCIATION will hold its annual meeting late in March at Jacksonville.

THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES held a meeting at the Seminole Hotel, Jacksonville, on December 28 and decided to hold, in March, the first examination for those nurses not qualified to receive certificates under the waiver. Eula Lee Paschall of Pensacola has been appointed to the Board for four years, succeeding Annie L. Rutherford, whose term of one year has expired.

St. Augustine.—SARAH L. CABANISS, who has been so closely associated with public health nursing in Richmond, Virginia, since its beginning, is taking up similar work in this city.

THE EAST COAST HOSPITAL ASSOCIATION was incorporated under the laws of the state in December, succeeding the Florida East Coast Railway Employees' Hospital Association. In consequence, the training school for nurses has been reorganized and is being placed upon a standard equal to that of the best schools

of the state. The hospital has been undergoing extensive repairs and is being refurbished and equipped. Among the improvements are an up-to-date sterilizing outfit with all the appliances for X-Ray work.

GEORGIA

Savannah.—THE REGISTERED NURSES' ASSOCIATION OF SAVANNAH held the annual meeting on December 10 at the Savannah Hotel. The election of officers took place, the following to serve for 1915: president, Luell C. Meier; vice-president, Mary A. Owens; secretary-treasurer, Jane Van DeVrede; executive board, Mary F. Hall, Eva Higginbotham. A very interesting and instructive lecture was given the nurses by Dr. J. T. Maxwell on So-called Nasal Catarrh. By a series of charts and specimens the passages and sinuses connecting and leading from the nose, throat and ear were minutely and graphically described as well as the pathological results attendant upon the narrowing or occlusion of any of these passages. He showed the importance of adenoids and enlarged tonsils to these abnormal conditions. He said the work of the specialist in this line of medicine is to restore as nearly as possible, with the least amount of disturbance, the normal spaces and conditions. A social hour followed.

ILLINOIS

Chicago.—THE VISITING NURSE ASSOCIATION OF CHICAGO held its annual meeting on January 12 at the residence of Dr. and Mrs. George S. Isham. Besides the hearing of reports the meeting was addressed by Dr. Frank Billings and Alexander A. McCormick. The election of officers followed.

THE ALUMNAE ASSOCIATION OF ST. MARY'S HOSPITAL celebrated the opening of the nurses' home by holding the January meeting in its assembly hall. The pupil nurses gave a musical program. Attorney Hagan made an address. Refreshments and dancing followed. Much enthusiasm was manifested over the home which is in every respect a fine building. It adjoins the hospital, has a large assembly hall, gymnasium, roof garden, and large sleeping quarters.

THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL FOR NURSES, at its regular meeting, voted to approve the establishing of the national headquarters of the American Nurses' Association in Chicago.

Aurel Baker, class of 1912, has taken the position of surgical nurse at the City Hospital, De Kalb, Illinois. May E. Wait, class of 1908, and Cora M. Anderson, class of 1910, are holding positions at the Physicians and Surgeons Hospital, in Twin Falls, Idaho. Lily B. Creighton, class of 1905, through the Scotch Red Cross Society, has been sent to Rouen, France, to assist in caring for the wounded in a hospital there.

Peoria.—THE SEVENTH DISTRICT OF THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on January 8, when the following officers were elected: president, Eleanor J. Coolidge; vice-president, Ellen K. Patterson and Julia W. Jackson; recording secretary, Carrie Nelson; corresponding secretary, Mae Charlesworth; treasurer, Avice R. Trinkhaus.

THE JOHN C. PROCTOR HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on December 9, at which a very interesting talk was given on the life and work of Miss McIsaac by Miss Coolidge who was a pupil of Miss McIsaac at the Illinois Training School. Isabella Leeds, class of 1906, John C. Proctor Hospital, has accepted the position of resident nurse at the Monticello Girls' Seminary at Godfrey, Illinois.

IOWA

THE IOWA STATE BOARD OF NURSE EXAMINERS held semi-annual examinations at the State House, Des Moines, on January 26, 27 and 28. The Board established reciprocity with Wisconsin and Indiana at the last meeting.

Des Moines.—Myrtle Miller of the class of 1913, Wesley Memorial Hospital Training School, Chicago, has accepted a position as supervisor in the Iowa Methodist Hospital Training School.

Iowa City.—ESTHER ALBRIGHT, class of 1908, State University Homeopathic Hospital, has resigned her position as night supervisor in the Jewish Hospital, Louisville, Kentucky, and has accepted a position as supervisor of nurses, Hope Hospital, Fort Wayne, Ind. Hazel Robbins, class of 1912, has accepted a position as head nurse in the Deaconess Hospital, Marshalltown, Iowa. The nurses of Iowa City are planning to entertain the Registered Nurses' Association during the month of April, the annual meeting being scheduled for that time.

Story City.—REBECCA JOHNSON, graduate of St. Barnabas Hospital Training School, Minneapolis, has accepted the position of superintendent of the Iowa Central Lutheran Sanitarium which is connected with the Old Peoples' Home.

KENTUCKY

Louisville.—THE JEFFERSON COUNTY GRADUATE NURSES' CLUB gave a very enjoyable reception to the members of the Nurses' Central Directory on December 23 at the Club House.

The Club held its annual meeting on January 4. The reports were very satisfactory, the treasurer's report showing the financial condition to be flourishing. The membership committee reported that twenty-nine members had been admitted during the past year. The officers elected for 1915 were: president, Mrs. Etta Weinstein; vice president, Margery Cameron; recording secretary, Josephine Kehoe; corresponding secretary, Ona Riggs; treasurer, Joe O'Connor. The standing committees were as follows: membership, Miss M. E. VanArsdale, sick benefit, Julia Beard, program, Miss C. C. Collins, social, Maud Hayward.

THE NORTON MEMORIAL INFIRMARY ALUMNAE ASSOCIATION and the board of managers gave a reception and dance to the class of 1915 on December 29. Refreshments were served and the evening thoroughly enjoyed by all present.

LOUISIANA

New Orleans.—THE LOUISIANA STATE NURSES' ASSOCIATION will hold the annual meeting in the lecture hall of the new nurses' home of the Touro Infirmary in February. The quarterly meeting of this association was held November 25 in the lecture room of the Charity Hospital, with a very large number of nurses present. A surprise was given the nurses by the sisters of the hospital in the form of a reception. The home was prettily decorated and a delightful time was spent.

THE CENTRAL DIRECTORY, which was organized by the state association for registered nurses, has now been open for three months. The reports so far are most encouraging. The Association hopes in the course of time to organize club rooms in connection with the directory.

THE TOURO INFIRMARY TRAINING SCHOOL FOR NURSES held graduating exercises on the night of the opening of the new nurses' home, January 23. Much pleasure is anticipated from the occupancy of this new building upon which much

thought has been given as to teaching facilities, recreation rooms, and sleeping porches.

SISTER STANISLAUS, the head of the operating department at the Charity Hospital, has been made Sister Superior of that institution.

MASSACHUSETTS

Boston.—THE MASSACHUSETTS GENERAL HOSPITAL held commencement exercises on January 15, in the Out-Patient Department. Mabel T. Boardman, chairman of the National Relief Board of the American Red Cross gave the address.

Roxbury.—THE NEW ENGLAND HOSPITAL ALUMNAE ASSOCIATION, at its November meeting, had the honor of entertaining Linda Richards, the first graduate and America's first trained nurse. Helen Kimball, president of the hospital, gave the address of welcome to which Mrs. Alice M. Lincoln, a member of the training school committee and director of the hospital, responded. Miss Richards' address followed, which was both inspiring and helpful. At its conclusion a social hour was enjoyed.

Arlington Heights.—THE ARLINGTON HEALTH RESORT TRAINING SCHOOL FOR NURSES held its first public graduation on the evening of December 7 in the Ring Sanatorium building which is the non-mental department of the Resort. Frederick A. Bisbee, D.D. presided. Dr. Edwin P. Stickney spoke as the representative of the Symmes Arlington Hospital and Dr. Joel E. Goldthwait gave an address emphasizing the skill required in caring for chronic cases and the need of a cheerful, optimistic atmosphere. The diplomas were presented by Rev. F. A. Bisbee, and the pins by Miss Brown, superintendent of Symmes Hospital. There were three graduates. After the exercises an informal reception and buffet lunch were given and the institution was inspected by the guests, the treatment and occupation rooms proving of much interest. Because it has been so difficult to obtain nurses trained in the care of mental diseases the hospital was established seven years ago to offer a two and one-half year course in this work. On account of the lay prejudice against mental nursing it was difficult in the beginning to obtain a number of desirable pupils. However, in spite of requirements so high as to exclude most applicants, in the last two years the number has grown from five to thirty-five. In order to make a complete nursing course the hospital has been affiliated with the Symmes and Marlboro Hospitals, which give one year's work in obstetrics, surgery and children's diseases.

MARYLAND

THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES held its fall meeting in Baltimore on December 15, at Osler Hall. Miss Lawler, acting president was in the chair. After the reports, a paper was read from Miss Etchberger, superintendent of Infant Mortality Nursing in Baltimore, who had been a delegate to Boston. It could not but create a deep interest, presenting all the dangers of midwifery and our responsibility towards helping to correct the evil. Mrs. Lenah S. Higbee, superintendent of the Navy Nurse Corps, was unable, on account of illness, to address the meeting and sent a paper on the Requirements and Work of the Navy Nurse Corps, and its need of competent women in the field.

At the close of the meeting, an appropriation of twenty-five dollars was voted to be sent to the Instructive Visiting Nurses' Association and this sum was in-

creased by subscriptions to forty-five dollars and fifty cents. There was an enthusiastic attendance.

Baltimore.—THE MARYLAND LEAGUE OF NURSING EDUCATION held its second meeting at the Johns Hopkins Hospital, December 18. A paper was read by Miss Bartlett, president of the Maryland Board of Examiners for Nurses, summarizing details of the two examinations of 1914, with reference in particular to points in which candidates at these examinations had proved to be weak. A similar paper was given to the league last year. The object in this is co-operation between examinations and instructions in a particular way and with detail not quite possible in special reports to each school. To quote in part from Miss Bartlett's introduction to her paper: "On the one hand, the members of the Board of Examiners have an unusual opportunity, that of seeing the graduates of all the schools on one plane. Weak points that exist stand out in this way as they could not otherwise do, but such data is worthless to the Board of Examiners since it is not a teaching body; to be put to practical account, the facts we note must be passed on to the teachers." Concerning practical results of the paper and discussion of last year Miss Bartlett reported that gratifying and marked improvement had been noted in the succeeding examinations in certain, special particulars.

EDNA MYERS, class of 1914 of the Biedler and Sellman Sanatorium sailed for China on September 5, where she will spend the next five years. She arrived in Kiangsu on October 4 after a most interesting and pleasant voyage. Miss Myers will spend one year in the Nanking Language School preparing for the position of superintendent of the Kiangsu Hospital. Previous to her departure she had taken special courses at Hartford, Connecticut and at the Presbyterian Hospital, Philadelphia.

MICHIGAN

Detroit.—THE GRACE HOSPITAL ALUMNAE ASSOCIATION held its December meeting on the eighth in the Helen Newberry Nurses' Home. The attendance was large and fourteen new names were added to the rapidly increasing membership. At the close of the business session an informal reception was held for Harriet Leck, late of Kansas City, Mo., now superintendent of nurses at the Hospital. Clara B. Pound, class of 1906, has resigned her position as assistant principal at the Hospital and leaves shortly to take charge of the Reid Memorial Hospital, Richmond, Indiana. Her successor will be Lauria G. Meader, of the Massachusetts Homeopathic Hospital, Boston. Ruth Rollins, graduate of Memorial Hospital, Niagara Falls, N. Y., has taken the position of floor supervisor at Grace Hospital.

THE WAYNE COUNTY NURSES' ASSOCIATION held an adjourned annual meeting on January 8, at the Wayne County Medical Building. Previous to the business session a short talk was given by Mary Carter Nelson, visiting nurse for the Michigan Association for the Prevention and Relief of Tuberculosis. Miss Nelson succeeds Anna Desha Breckinridge who, because of ill health, was forced to resign. The position is made possible through the sale of Red Cross Seals, the counties selling the greatest number of seals obtain the services of the nurse for one month. Her work, as the name of the organization indicates, is to teach the public the prevention as well as the relief of tuberculosis. At the business session the constitution and by-laws were again taken up and adopted. The meeting adjourned to meet on January 22 when further business was completed.

THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held the monthly meeting on December 8 at the Swain Home. The chairman of the committee for soliciting membership for the American Red Cross stated that 129 names had been secured to date. It was decided to send a telegram of best wishes to Katherine Hendry who was leaving for Brussels.

MINNESOTA

Minneapolis.—THE HENNEPIN COUNTY REGISTERED NURSES' ASSOCIATION held the regular meeting on December 9, at the Hampshire Arms. After the business was transacted the nurses were entertained with a Chalk Talk given by C. L. Bartholomew, cartoonist for the *Minneapolis Journal*. The Association has two hundred nurses on its registry list.

MISSOURI

Kansas City.—THE UNIVERSITY HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual business meeting on January 12, at the Club House. The following officers were elected: president, Etta Lee Gowdy; vice presidents, Bessie Hilton and Mary Wolfe; recording secretary, Eva Roseberry; corresponding secretary, Anna Anderson; treasurer, Nera Abshire; editor, Mary Morgan. A very interesting paper was read on the life of Dr. Joseph Lister. Letters and cards from the Kansas City Red Cross nurses en route to Serbia were read.

The senior class of the University Hospital gave a party on Christmas night at Wolfe's Academy. Their guests were the visiting physicians and their wives, and the members of the Alumnae Association. A most enjoyable time was had by all present.

NEBRASKA

Omaha.—THE GRADUATE NURSES' OFFICIAL REGISTRY OF OMAHA gave a luncheon on January 11 at the Commercial Club in honor of Renie B. Stern, librarian of the School of Civics, Chicago, who talked on Social Problems of the City. Miss Stern was invited by the Nebraska State Nurses' Association to speak on the same subject the following day at Lincoln.

During this session of the legislature the Nebraska nurses are working for an amendment to their nursing bill. The two main features are higher educational standards, a three year course of instruction in the training schools and compulsory legislation.

NEW HAMPSHIRE

THE GRADUATE NURSES' ASSOCIATION of New Hampshire held a very enthusiastic meeting on December 9 at the Elliott Hospital Nurses' Home, Manchester. Twenty-four members were present and three members added. It was voted to have the constitution, by-laws, list of members with the act of registration incorporated, sent to each member. It was also decided to send an annual contribution of \$15 to the Nurses' Relief Fund. A card of thanks was received from Dr. Baker for a gift to the infant welfare work in Manchester. A general discussion followed on the interest in Public Health Nursing. Dr. Lillian B. Mahan gave an address on her trip through Germany after which a social hour was enjoyed.

NEW JERSEY

THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES, will hold examination for graduate nurses in the State House, Trenton, on March 23 and 24, 1915, also March 25, if the number of applicants warrants it. Applications must be filed fifteen days prior to March 23, 1915. Information and application blanks can be procured of the secretary-treasurer.

JENNIE M. SHAW, R.N. 437 Orange St., Newark, N. J.

Summit.—THE ALUMNAE ASSOCIATION OF THE OVERLOOK HOSPITAL held its first annual meeting on January 8 when the following officers were elected: president, Ingeborg Praetorius; secretary, Gretta Markee; treasurer, Nettie Absalon. Three members were admitted. It was decided to establish a nurses' home and registry under the supervision of Mrs. Krauter. After the business meeting Dr. Baker gave an interesting talk on Posture.

NEW YORK

New York.—THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION met jointly with the NEW YORK COUNTY ASSOCIATION at Osborne Hall on January 5. The president, Miss Goodrich, read the report of the Legislative Committee. The following members were elected as delegates to the annual meeting of the New York Federation of Woman's Clubs held at the Astor Hotel on February 5: Miss Goodrich, Miss Noyes, Miss Maxwell, Miss F. Johnson, Miss Russell and Miss Van Blareom. Dr. C. E. A. Winslow, of the Publicity and Education Division of the State Department of Health and of Teachers College told of the various avenues of work for nurses in connection with the Department's campaigns to remedy the conditions of ignorance as to right living, causes of disease, etc. He told of the increasing numbers of nurses who are going into the work. He said that the decrease in the Infant Mortality rate was largely due to the work of the nurses in the Infant Welfare stations. Each mother giving birth to a child in New York State now receives a baby book containing instructions for the proper care of the infant. Dr. Emerson, Deputy Commissioner of Health, spoke on the City Organization of Public Health. He gave nurses the credit of bringing to the attention of the factory owners, the dangers and results of dangerous trades. Applause was given Dr. Emerson when he stated the content of the new clause in the New York City Sanitary Code which provides for a punishment as a misdemeanor for persons to call or represent themselves to be trained nurses unless they are registered nurses as provided by the state. The next meeting of the County Society will be held on the first Tuesday in April at the New York Hospital.

THE NEW POST-GRADUATE ALUMNAE ASSOCIATION held its annual meeting on January 5 at the training school. The following officers were elected: president, Amy F. Patmore; vice presidents, Grace L. Hazen, Mrs. Andrew Geyer, Hannah Lister and Mrs. Gertrude Clapp; secretary, M. Agnes Gibney; treasurer, Margaret C. Thomson; executive board members for four years, Irene Eacret and Mary McPhee.

THE CENTRAL CLUB FOR NURSES gave its annual Christmas tree for children on Christmas Eve when about thirty children attended and enjoyed the tree and entertainment.

As a branch of the extension work done by the Bureau of Publicity or Public Health Education of the Health Department of New York City, co-operation is

made with teachers in training and high schools, and courses of lectures are given to the students. A permanent exhibit is maintained on the fifth floor of the building at 139 Centre Street, which all interested are invited to attend any day between the hours of 9 a.m. and 4 p.m.

In October, a course of lectures for the employees of the Health Department was inaugurated and has been shown to be so necessary that now there are five different courses carried on weekly, a course for medical inspectors and other physicians employed in the Department is given on Thursdays at four o'clock in the assembly hall at Hunter College, 68th Street and Park Avenue; one for field nurses of the Department is given on Wednesdays at four o'clock at the same place. A course for nurses in the Department hospitals is given in the Willard Parker, the Kingston Avenue and Riverside Hospitals respectively. On Tuesdays and Fridays, at four o'clock, in room 514 of the Municipal Building are given lectures for clerical workers, food and sanitation inspectors. The public is invited to all lectures except those given in hospitals devoted to contagious diseases. Some of the lectures for February are as follows. On Thursdays, at Hunter College, Relation between the Medical Profession and the Public; Poisons, etc.; Insects as Carriers of Disease; Bacillus Carriers; Coöperation with Statistical Officers. These are given in the above sequence by Drs. Haven Emerson, Joseph A. Shears, Charles Krumweide and William Guilfooy respectively. On Wednesdays, at Hunter College, for Field Nurses and all interested, Public Health Works in Relation to Courts, Municipal, State and Federal Departments; Public Baths; Sanitary Aspects of Water Supply; What a Nurse Should Know About Sanitation; Tuberculosis. These lectures are given by Mr. William Featherston, Drs. Donald B. Armstrong, Charles F. Boldnan, Joseph A. Shears and John S. Billings, in sequence. On Tuesdays, in room 514 of the Municipal Building, there will be given the following lectures: Safeguarding the Health of the Children of New York; How the Bureau of Child Hygiene Watches over the Babies; Supervising the Health of Nearly a Million School Children; The Sanitary Work of the Department of Health; The Citizen's Complaint; by Drs. S. J. Baker, Jacob Sobel, John J. Cronin and Haven Emerson. On Fridays, in room 514, Legal Procedure under the Food and Drug Sections of the Sanitary Code (the preparation of evidence, attitude of the courts, etc.); Sanitary Inspection, Slaughter Houses, Bakeries, Confectioneries, Ice Cream Plants, Smoke Houses, Cow Stables, Dairies, etc.; Sanitary Inspection of Offensive Trades; by Mr. Featherston, Drs. Marvin B. McMillan and Joseph H. Shears. There will be no lectures on February 12. Students and auditors are cordially invited to avail themselves of the very complete libraries on Public Health and Hygiene at Hunter College and at the Sage Foundation.

THE LIBRARY LECTURES given at the Academy of Medicine under the auspices of the American Medical Association and the New York Academy of Medicine has arranged the following program of lectures. February 2, subject, Conservation of Human Lives; Dr. Lydia A. Vilbiss, of the State Department of Health, gave a paper on The State's Efforts to Protect Life in Infancy and Youth; Dr. James A. Harrar, Organized Plans for the Preservation of the Bread Winner; Dr. E. R. Rittenhouse, the president of the Life Extension Institute, The Conservation of Life in Middle Age. On February 11 the topic is Common Parental Blunders in Child Training. Dr. Josephine H. Kenyon will discuss Errors in Infant Feeding; Dr. Charles Smith, Hygienic Sins of Parent and Child; Dr. Mark S. Rubin, The Value of Municipal Prevention Work among Children. February

16, topic, Facts about Foods and Drugs in General Use. Dr. Theodore C. Merrill, of the United States Bureau of Chemistry, will take up the Home Dosing of Children and Its Evil Effects; Dr. Mary C. Schraeder, The Advantages and Disadvantages of Preserved Foods; J. J. Atkinson, chief chemist of the city laboratory, Idiosyncracies Towards Certain Foods. On February 25, the subject discussed will be Woman's Health in Relation to Mental and Physical Efficiency. Dr. Elisabeth Comstock has a paper on Efficiency from Twelve to Twenty-one Years; Dr. George W. Kosmak on The Hygiene of Pregnancy; Dr. Caroline M. Purnell of Philadelphia on Efficiency from Fifty to Eighty Years. All lectures have lantern slide illustrations.

Brooklyn.—THE KING'S COUNTY HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on January 5, in the nurses' home, with twenty-nine members present. It was reported that fifteen new members had joined the Association during the past year. The election of officers resulted as follows: president, Julia Donoghue; vice presidents, Margaret Hughes and Emily Power; treasurer, Loretta Flannery; secretary, Lucy D. Treadway.

Poughkeepsie.—THE ALUMNAE ASSOCIATION OF THE VASSAR BROTHERS HOSPITAL TRAINING SCHOOL FOR NURSES held a Christmas bazaar on December 18 at the home of Mrs. Frank Hull. The proceeds amounted to \$152, which was equally divided between the National Red Cross and the needy sick of Poughkeepsie.

Yonkers.—THE COCHRAN TRAINING SCHOOL ALUMNAE ASSOCIATION of the St. John's Riverside Hospital held a small bazaar on December 5 for the benefit of the American Ambulance Hospital in Paris. Two uniform dolls were raffled, one a Presbyterian Hospital graduate, the other a St. John's Riverside Hospital nurse. The sum of \$150 was realized.

OHIO

Toledo.—THE ALUMNAE ASSOCIATION of ST. VINCENT'S HOSPITAL held a masquerade ball in the auditorium of St. Anthony's Orphanage. Following the dancing and before the serving of refreshments all joined in the grand march after which three prizes were awarded. The Association held its December meeting on the eighth. By unanimous consent one-half the money in the treasury was voted to purchase supplies to be sent to the Red Cross in Europe. A number of the nurses have prepared dressings for shipment.

Cincinnati.—THE JEWISH HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on December 2. Miss Read presented a paper on the Boston Floating Hospital. On December 9, a tea was given for the benefit of the Red Cross and a neat sum was realized. The January meeting was held on the sixth, with a good attendance. A very interesting paper was read, concerning the work of Columbia University, written by Elizabeth Pierce, a Jewish Hospital graduate now at Columbia.

Columbus.—THE GRANT HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on December 16 at the Hospital. Twenty-eight members were present. Genevieve Stebbins, city contagion nurse, gave an interesting talk on Contagion among the Poorer Classes. Miss Offerman presented a paper on The Necessity of the Recognition of Psychic Symptoms. Both were much enjoyed.

OKLAHOMA

Oklahoma City.—ANNETTE B. COWLES has resigned her position as superintendent of the State University Hospital. She has gone to El Paso, Texas, where she will rest for several months.

PENNSYLVANIA

THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA held the twelfth annual meeting at The Seventh Avenue Hotel, Pittsburgh, on November 11, 12 and 13. The meeting was called to order by the president Ida F. Giles. The address of welcome by Chancellor S. B. McCormick of The University of Pittsburgh was followed by an address by Dr. John W. Boyce. Several interesting papers were read on the Care of the Tubercular Patient. A large part of another session was given up to the discussion of Hospital Social Service Work. One full, evening session was devoted to the Red Cross, particularly to the American Red Cross and the war in Europe. A unique and instructive demonstration in nursing methods by the student nurses of Pittsburgh hospitals was held at The Western Pennsylvania Hospital. This was followed by a tea. On November 11 a reception was given to the Association at the nurses' home of the Allegheny General Hospital. Susan C. Francis, the president-elect, was chosen delegate to the convention of The American Nurses' Association in 1915, with the first vice president, Roberta M. West, as alternate. No semi-annual meeting will be held as the date conflicts with this convention. The next annual meeting will be in Philadelphia in November, 1915. Forty-six new members were admitted. The following officers were elected: president, Susan C. Francis, Philadelphia; vice presidents, Roberta M. West, Philadelphia; Katherine Dempster, Pittsburgh; secretary-treasurer, Williamina Duncan, Pittsburgh; directors, Ida F. Giles, Philadelphia; and Miss N. E. Macafee, Pittsburgh.

Philadelphia.—THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES held the regular monthly meeting on December 7 at the Philadelphia County Nurses' Club. Several bills were ordered paid, no new business was transacted and the meeting adjourned early to permit the members to attend Mrs. Lewis' Parliamentary law class. An adjourned meeting was held on December 14, when twenty-nine members were present. The membership committee reported two delinquent members who wish to be reinstated. A motion was adopted that the state ticket for nominations for the national association be endorsed. The Alumnae Association endorsed an amendment to the charter, adding a corresponding secretary and increasing the number of directors, making a board of eleven. The By-Laws committee presented its final report which was accepted and a rising vote of thanks tendered them for their untiring and efficient work and excellent results. Christmas gifts were ordered to be sent to two nurses who are being treated in a sanatorium for tuberculosis. The regular monthly meeting for January, was held on the fourth, at the Philadelphia County Nurses' Club, with twenty-eight members present. The minutes were approved and the treasurer's report submitted to the auditing committee. An amendment to the charter, as endorsed at the previous meeting, was adopted and the By-Laws committee authorized to employ an attorney to make the change. Margaret B. Wise tendered her resignation as chairman of the Scholarship committee and Miss M. L. Eager was elected to fill the vacancy. The following were elected as delegates to the national convention: Alma Wrigley,

Alice O'Halloran, Bessie Wright and Jane Davis. Greetings were sent to Sarah L. Clayton who, on January 1, assumed her duties as chief nurse of the Philadelphia General Hospital.

THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL OF PHILADELPHIA held its first annual meeting on October 14 at the hospital. In the absence of the president and vice president, Miss Peters presided. The various committees gave good reports. It was decided that the Alumnae should join the classes in Parliamentary law given by Mrs. John Lewis at the Graduate Nurses' Club, which are exceedingly interesting and well attended. Eight new members have been admitted to the Association during the fall. The ballots for 1915 have been sent to every member and each is requested to pledge a dollar toward the Pension Fund for Nurses, and return the same with the ballot at the January session. The Hospital is adding two stories and a covered roof garden to the Children's department, also a modern and well-equipped milk room for the preparation of formulae. Mrs. Entwisle attended the state convention at Pittsburgh in November as a delegate, a report of which she presented at the meeting of the Association in December.

Wilkes Barre.—**THE ALUMNAE ASSOCIATION OF THE WILKES BARRE CITY HOSPITAL** held its twenty-fifth annual meeting at the nurses' home on January 5. Miss Grossman presided and thirty-two members were present. The following officers were elected for the coming year: president, Mrs. William Jeffries; vice president, Isabel G. Cairns; treasurer, Ruth S. Benscoter; secretary, Harriet H. Lyons; recording secretary, Jennie Spencer. After the meeting refreshments were served.

Dixmont.—**THE ALUMNAE ASSOCIATION OF THE DIXMONT HOSPITAL TRAINING SCHOOL** was organized on November 30. Letters were received from many of the graduates who were unable to be present but who wished to express their coöperation. The officers are as follows: president, Miss C. W. Siegfied; vice president, Miss M. E. Hetwick; corresponding secretary, Rebecca A. Sloan; treasurer, Miss D. Holbert.

South Bethlehem.—**IDA C. FLICKINGER** has resigned her position as operating room supervisor in St. Luke's Hospital, on account of ill health. Bess Ely of the class of 1914 has accepted the position.

Pittsburgh.—**ALICE AGNEW**, treasurer of the Alumnae Association of the Pittsburgh Training School of the Homeopathic Hospital, left for Greenville, S. C., on December 7, where she has accepted a position as superintendent of the General Hospital and Training School. Bessie Warwick, a head nurse in the Homeopathic Hospital, Pittsburgh, will act as one of her assistants. Miss Warwick will take up her work on March 1. While the Alumnae Association wishes Miss Agnew and Miss Warwick every success, their leaving is very much regretted.

Punxsutawney.—**THE ALUMNAE ASSOCIATION OF THE ADRIAN HOSPITAL TRAINING SCHOOL FOR NURSES** held the semi-annual meeting at the hospital on January 6. After the business session the following officers were elected for the coming year: president, Miss L. M. Clark; vice president, Miss Stevenson; recording secretary, Anna Hunger; treasurer, Blanche Harding. After adjournment, the nurses enjoyed a social time. Although the nurses are widely scattered it is hoped that these meetings will be the means of bringing them together and the coöperation of all is desired to make the meetings of 1915 a success in this particular.

RHODE ISLAND

Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION and the RHODE ISLAND HOSPITAL NURSES' CLUB held a joint meeting at the George Ide Chace Home for Nurses on January 5. After a brief business meeting the nurses' Glee Club sang. A Christmas tree was next on the program and one of the nurses, playing Santa Claus, gave a present to every one in the room. The occasion was especially intended to commemorate the twenty-fifth anniversary of Dr. Peters' connection with the hospital as superintendent. He was presented with a silver coffee service with a letter from the graduate members expressing their deep appreciation of his work for the hospital and the training school. The exercises closed with the singing by the Glee Club of The Star Spangled Banner, and the members were expressly asked to notice that they knew all the words. Refreshments and a social hour were enjoyed. The attendance was large.

THE RHODE ISLAND HOSPITAL has met with a loss in the death of its president, Robert Ives Gammell, at his home in Providence. Mr. Gammell has been a member of the hospital corporation for about forty years and has been its president since 1903. He has always been interested in anything pertaining to the interest of the hospital and the training school.

THE PROVIDENCE CITY HOSPITAL has inaugurated two new post-graduate courses in infectious diseases. One, of six months duration, is designed to furnish training for such work in a hospital and includes hospital administration; the second, of two months, is for the nursing of infectious diseases in the home. The courses were established in response to many requests received for post graduate work in the hospital and is open only to graduate nurses of approved schools.

WISCONSIN

Milwaukee.—THE MILWAUKEE COUNTY NURSES' ASSOCIATION held its regular monthly meeting in Gimbel's Tea Room on December 8. Thirty-seven members and forty-five visitors were present. Dr. H. S. Hollenbeck of Kamundongo, West Africa, chief of the Medical Staff of the Congregational Board of Missions, gave a most interesting talk on his experiences. He told of a number of diseases that were frequently met. Ella McGovern, a member of the Wisconsin Board of Examiners, read a paper on State Registration, urging the nurses to work for better training schools. Kate Kohlsaas, treasurer of the Association, reported that Red Cross Christmas Seals had been sold to the amount of \$129.

Wauwatosa.—THE MILWAUKEE COUNTY HOSPITAL has established a course of from three to six months, in laboratory work, open to graduate nurses, designed to fit them for laboratory workers and physicians' assistants.

The officers of the Milwaukee County Training School entertained the Alumnae Association on January 5, at a six-o'clock dinner in the nurses' new dining room. A social evening in the nurses' home followed.

BIRTHS.

On December 28, a son, Charles Oellig, Jr., to Mr. and Mrs. Charles Oellig Keagy. Mrs. Keagy was Elizabeth Ely, class of 1909, Presbyterian Hospital, Philadelphia, Pennsylvania.

On November 7, at Manila, Philippine Islands, a son, to Mr. and Mrs. Beryl

W. Randall. Mrs. Randall was Agnes Anderson, class of 1912, Shawnee General Hospital, Shawnee, Oklahoma.

On December 31, at Jeffers, Montana, a daughter, to Mr. and Mrs. J. Spencer Watkins. Mrs. Watkins was C. Annie Laurie, class of 1907, Boston City Hospital, Boston, Massachusetts, and has been president of the Montana State Association.

On October 10, to Dr. and Mrs. Boucher, a daughter. Mrs. Boucher was Ella McCalla, class of 1910, Grant Hospital, Columbus, Ohio.

On March 23, to Mr. and Mrs. Fred Ferris, a daughter. Mrs. Ferris was Della Buck, class of 1909, Grant Hospital, Columbus, Ohio.

On October 14, at Sharon, Pennsylvania, to Mr. and Mrs. Frank Cross, a son. Mrs. Cross was Edith Taylor, class of 1910, C. H. Buhl Hospital, Sharon. The child is the first Alumnae baby.

MARRIAGES

On November 25, at New Castle, Pennsylvania, Catherine Grimm, class of 1911, C. H. Buhl Hospital Training School, Sharon, Pennsylvania, to Joseph Lowes. Mr. and Mrs. Lowes will live in North East, Pennsylvania.

On December 1, at Low Gap, Washington, Katherine Walters, class of 1908, Illinois Training School for Nurses, Chicago, to George Howard.

On December 24, at Bay City, Michigan, Rena May Oviatt, class of 1912, Farrand Training School for Nurses, Detroit, to Charles A. Caster. Mr. and Mrs. Caster will live in Detroit.

On January 6, Olive M. Smith, class of 1914, Galen Hospital, Bridgeport, Connecticut, to Alfred J. Noel. Mr. and Mrs. Noel will live in Bridgeport.

On December 25, at Houston, Texas, Frances Cain, graduate of the Louisville City Hospital, to C. W. Watson.

On December 31, at Louisville, Kentucky, Katherine Dorsey, to William Beam.

On November 26, at Lebanon, Kentucky, Allie H. Reives, graduate of St. Joseph's Hospital, Mt. Clemens, Michigan, to John T. Boldrick, M.D.

In September, at Jefferson, Indiana, Heebe Martin to William Howe. Mr. and Mrs. Howe will live in Louisville.

Recently, at Bristol, Tennessee, Dorothy Harmon, class of 1914, Louisville City Hospital, to Taylor G. Lovel.

On December 20, at Oklahoma City, Oklahoma, Margaret Williamson Kittrell, class of 1914, St. Anthony's Hospital, Oklahoma City, to Cecil E. Munn. Mr. and Mrs. Munn will live in Little Rock, Arkansas.

On November 16, at Savannah, Georgia, Florence Watkins, class of 1906, Savannah Hospital Training School, to Captain C. H. Drummond. Captain and Mrs. Drummond will live in Savannah.

On November 17, at her sister's home at Omaha, Nebraska, Maude Wallace, class of 1907, John C. Proctor Hospital, Peoria, Illinois, to Mr. B. C. Fowler. Mr. and Mrs. Fowler will live in Omaha.

On November 24, at Ivory, Maryland, Adelaide Selby, graduate of the Biedler and Sellman Sanatorium Training School, Baltimore, to Hyordelf Flood, M.D., of Norway. Dr. and Mrs. Flood will live in Baltimore, Maryland.

On October 1, at Columbus, Ohio, Alma Vorn Holt, class of 1910, Grant Hospital, to C. E. Holzer, M.D. Dr. and Mrs. Holzer will live in Gallipolis, Ohio.

On October 8, at Columbus, Ohio, Ethel Roberts, class of 1908, Grant Hospital, to Frederick Heise, M.D. Dr. and Mrs. Heise will live in Trudeau, New York.

On November 25, Catherine Powers, class of 1913, Grant Hospital, Columbus, Ohio, to Robert Palmer. Mr. and Mrs. Palmer will live in Columbus, Ohio.

In October, at Columbus, Ohio, Helen Gwilliams, class of 1907, Grant Hospital, to Mr. Williams. Mr. and Mrs. Williams will live in Columbus.

On November 10, Mary Black, class of 1914, St. Mary's of Nazareth Hospital, Chicago, Illinois, to R. E. Flannery, M.D.

On December 23, Edna Raudenbush, class of 1913, Hahnemann Hospital, Philadelphia, to Louis J. Metzger, Jr., M.D. Dr. and Mrs. Metzger will live in Philadelphia.

On December 29, Agnes M. McAvoy, class of 1909, Hahnemann Hospital, Philadelphia, to Joseph S. Jones. Mr. and Mrs. Jones will live in Plymouth.

DEATHS

In November, at Easton, Pennsylvania, Mary Mahoney, class 1895, Philadelphia General Hospital.

Recently, Mrs. Minnie Hazen Mellor, class 1893, Philadelphia General Hospital.

Recently, Alice L. Reynolds, class of 1911, Spokane General Hospital. Miss Reynolds has been associated with Mrs. J. M. Foster in the management of the General Hospital, having had charge of the surgery department since her graduation.

On January 1, at Putnam, Connecticut, after a lingering illness, Elizabeth Mitchell, class of 1895, Rhode Island Hospital, and graduate of the Sloane Maternity Hospital. Miss Mitchell was a Spanish War Nurse, a member of the Rhode Island Hospital Association of Graduate Nurses, an honorary member of the Alumnae Association and a member of the Spanish War Nurses' Association. Miss Mitchell was, at one time, superintendent of the Providence Lying-in Hospital and of the Beverly Hospital, Beverly, Massachusetts. She spent a year at the Santa Mesa Hospital, Philippine Islands, at the time of the Spanish-American War and was also stationed at Matanzas, Montauk Point and several other places in the United States. Before taking up her nurse's training Miss Mitchell graduated from the Willimantic Normal School and taught for about two years after graduation. The funeral took place from the residence of her sister, Mrs. Towne, of Putnam, Connecticut.

On November 8, 1914, at Coconut Grove, Florida, Anna E. Steere, class of 1883, Illinois Training School for Nurses, Chicago. Miss Steere was a pioneer in both the Illinois Training School and the Presbyterian Hospital, for she was a member of the first class of the former and organized the first training school for nurses of the latter, and was its first superintendent of nurses. This school was abandoned when the nursing was taken over by the Illinois Training School and later the present separate school was organized. For seven years Miss Steere was a missionary nurse in China, giving up the work only when compelled to do so by ill health, when she did visiting nurse work in Ithaca, New York. Later she retired to Florida to a home of her own. Miss Steere was an earnest, faithful worker whose life was a help to others.

On January 1, at Norfolk, Virginia, Elizabeth Trotter, superintendent of nurses of the Ottumwa Hospital, Ottumwa, Iowa. Miss Trotter was a graduate of the Guelph General Hospital, Guelph, Canada, and followed her calling there for a time after graduation. She came to the Ottumwa Hospital in July, 1894, and for twenty years and five months gave herself to the work she loved with

untiring devotion. Suffering from extreme exhaustion she left for a rest about the first of December, going to the home of a brother in Norfolk, Virginia. The change and rest failed to do what was hoped for and on January first she entered into eternal rest.

Miss Trotter was a loved superintendent and dear friend to her pupils, an inspiration to the highest ideals in their lives and work. She made the hospital a home to those returning from private duty. All who have known her, from those first associated with her to the present time, feel that they are better women for having been under her training and care and they will always hold her life and work in grateful remembrance.

Not only the nurses of the community, but the members of the Hospital Association and of the County Medical Society felt a distinct loss in Miss Trotter's death. The Committee of the Hospital Association in reporting her death speak of her firm grasp of affairs, her remarkable executive ability, her efficiency in her chosen work, her lofty ideals, her breadth of sympathy, her faithfulness as a friend, and feel that the community at large as well as the Ottumwa Hospital Association has sustained a severe loss.

The Wapello County Medical Society record the loss of a companion, friend and coworker, an adept in her profession, a kind, loving and efficient nurse and state that in her death the medical as well as nursing profession have met an irreparable loss.

On January 13, at the Rochester General Hospital, Rochester, New York, Gertrude Montfort, class of 1884, Bellevue Hospital. Miss Montfort had been in active nursing work from the time of her graduation until one week before her death, when she was taken suddenly ill with pneumonia and complications arose which made recovery impossible. Services were held in Rochester which were attended by the many nurses who had known her during her two years' residence there. Burial was at Wappinger's Falls, New York, her early home. Miss Montfort had done private duty and institutional work, and had been for two years registrar of the Nurses' Central Directory in Rochester. She had just begun public health work, as head worker at the Baden Street Settlement, a month before her death. She had been one of the nurses sent from this country to St. Paul's House, Rome, in its early days, an experience she greatly enjoyed. She had been a pioneer in the building up and opening of many hospitals, among them the City Hospital, Nyack, New York; the Julia Burnham Hospital, Champaign, Illinois; and the Santa Fe and the Children's, Los Angeles. She lived for many years on the Pacific Coast where she was a contributor to the Pacific Coast Journal of Nursing. She was keenly interested in all nursing interests, in her own alumnae association, in the Red Cross, being Secretary of the Rochester Committee, and of the state and national associations. Her influence with younger women was an inspiring one, as she never failed to bring them in touch with larger interests and to widen their horizon. Wherever she found herself, she was an enthusiastic and untiring worker, throwing herself heartily into the duties at hand. She was warm hearted and sympathetic, quick to help those in trouble, and she will be missed by many friends in many parts of the country.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

TEXT-BOOK OF ANATOMY AND PHYSIOLOGY FOR NURSES. By Diana C. Kimber, Former Assistant Superintendent, New York City Training School for Nurses, Blackwell's Island, New York. Fourth Edition. Completely revised by Carolyn E. Gray, R.N. Cloth, 8vo, Illustrated The Macmillan Company, 64-66 Fifth Avenue, New York. \$2.50 net.

Kimber's *Anatomy and Physiology* is too well known and too widely accepted as the standard work on this subject to need any review in these pages.

It is now in its twenty-first year, and although many excellent books have been written on the subject and for the special use of nurses, it remains where it has always been, at the head of the list. A most conscientious student and teacher, Miss Kimber exercised all her thoughtfulness and care, in selecting Carolyn E. Gray to keep her book in line with the requirements of modern teaching. Miss Gray has made many changes in the text, but with such fidelity to the original that the book remains, as always, Kimber's.

It is due largely to Miss Gray that the book has distanced all rivals, and kept its position of honor. A note from the publishers advertisement is worth inserting here: "The extent to which this book is in use is indicated by the fact that since its first issue it has been *necessary to reprint it no less than thirty-one times.*"

CHEMISTRY FOR NURSES. By Reuben Ottenberg, A.M., M.D., Lecturer to the Nurses' Training School, Mt. Sinai Hospital; Instructor in Bacteriology, College of Physicians and Surgeons, Columbia University, and Assistant in Clinical Microscopy, Mt. Sinai Hospital. The Macmillan Company, 64-66 Fifth Avenue, New York.

Professor Ottenberg's *Chemistry for Nurses* is calculated to make nurses of the older schools envious of those who are trained in the present day. How hardly, and through what difficult and uninteresting channels, we of the older schools got what chemistry we could; little enough, as we remember it. In the book under consideration, we have all the essentials of chemistry necessary to the proper under-

standing of materia medica, physiology and cookery. Then too the subject comes to the pupil in such readable and entertaining fashion, that the dullest intellect could not fail to be attracted and spurred on to acquire further knowledge of the subject.

One is struck by this vivid contrast of old and new methods in teaching. The old way was to stuff the pupil nurse with a certain number of facts, but to destroy all desire for following up the subject, which was most undesirable, tending to produce the overtrained nurse. It is a good sign of the times to find a man of Professor Ottenberg's standing in the medical fraternity in line with those who desire better educational opportunities for nurses.

GENERAL NURSING. By Eva C. E. Luckes, Lady of Grace of the Order of the Hospital of St. John of Jerusalem in England. Matron to the London Hospital. Author of "Hospital Sisters and Their Duties." Ninth Edition. E. P. Dutton and Company, New York. \$1.75.

It is not often that a text book survives for thirty years and retains its usefulness. That the present volume has done so and comes to us, in its ninth edition, thoroughly up-to-date in technical information, is ample testimony to the broadness and liberality of the mind of its author, who has taken immense pains to have her book made usable and practical to nurses in training at the present time. To this end she has made use of the highest authorities in science in England, much of the new text being furnished by men whose names are followed by academic degrees. The thoughtful reader will not be impressed by the fact that the author can command such aid nor by the subject matter they contribute, so much as by the high ethical standard that the author has preserved through thirty-eight years of nurse training.

In 1898 she wrote:

My hope for the future of Trained Nurses, and for the advancement of Trained Nursing, lies in the conviction that the relative value of personal character and technical knowledge will be duly recognized as time goes on. Everything which tends in the opposite direction will inevitably hinder progress.

The vital importance of character and the due—not the undue—importance of technical knowledge cannot be too strongly insisted upon. They must be so happily combined that, on leaving her hospital every Trained Nurse will be *rich in what she has to give*, and will be loved and respected accordingly.

In the preface to the ninth edition she says that after sixteen years she can add nothing except the added strength that has come to her convictions, "that if a nurse is to be worthy of her calling her work

must be inspired with the right spirit of nursing, i.e., of active sympathy with suffering, manifested by unwearied kindness and unselfish devotion to the patients entrusted to her care."

How cheering and encouraging to meet such a spirit in one who is still in the field—after nearly forty years of fighting for the preservation of the ethical spirit in nurse training.

CALIFORNIA AND THE FAR WEST: Suggestions for The West Bound Traveller. By K. E. M. Dumbell. James Pott and Company, New York. Price 75 cents.

This book appears opportunely since in spite of many deterrent happenings the Panama-Pacific International Exposition of 1915 seems to be assured. It does not claim to be historic like the Baedeker of world-wide fame, but offers suggestions for including as much as one may of the wonderful scenery of the far west in one transcontinental trip.

First of all the prospective traveller is assisted in the choice of a route; a difficult matter, because each of the three different ways suggested offer many attractions and one is anxious to see them all. Having made a choice, the next thing is to get just as much as possible out of it, missing nothing by the way, which the author makes easy. The book includes a map of the far west and a list of reliable hotels.

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